	FO	R OHF	USE		

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2004 STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2004)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Number: 00	040428		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER
	Facility Name: Maplewood Care Address: 50 North Jane Drive Number County: Kane	Elgin City	60123 Zip Code	I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/04 to 12/31/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider)
	Telephone Number: (847) 697-3750 IDPA ID Number: 363868385001	Fax # (847) 697-5385		is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.
	Date of Initial License for Current Owners: Type of Ownership:	04/01/93		Officer or Administrator of Provider (Signed)
	VOLUNTARY,NON-PROFIT Charitable Corp. Trust	X PROPRIETARY Individual Partnership	GOVERNMENTAL State County	(Title) (Signed)
	IRS Exemption Code	Corporation X "Sub-S" Corp. Limited Liability Co. Trust Other	Other	Paid (Print Name and Title) (Firm Name Frost, Ruttenberg & Rothblatt, P.C.
	In the event there are further questions abou Name: Steve Lavenda	at this report, please contact: Telephone Number: (847) 236	-1111	& Address) 111 Pfingsten Road, Suite 300 Deerfield, IL 60015 (Telephone) (847) 236-1111 Fax # (847) 236-1155 MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630

STATE OF ILLINOIS Page 2

Faci	lity Name & ID Numb	oer Maplewood (Care				# 0040428 Report Period Beginning: 01/01/04 Ending: 12/31/04
	III. STATISTICA	L DATA					D. How many bed-hold days during this year were paid by Public Aid?
	A. Licensure/o	certification level(s) of	f care; enter numbei	of beds/bed days,			None (Do not include bed-hold days in Section B.)
	(must agree	with license). Date of	change in licensed b	eds	N/A	_	
				_			E. List all services provided by your facility for non-patients.
	1	2		3	4		(E.g., day care, "meals on wheels", outpatient therapy)
							N/A
	Beds at				Licensed		
	Beginning of	Licensu	re	Beds at End of	Bed Days During		F. Does the facility maintain a daily midnight census? Yes
	Report Period	Level of	Care	Report Period	Report Period		
	•			•	•		G. Do pages 3 & 4 include expenses for services or
1	203	Skilled (SNI	F)	203	74,298	1	investments not directly related to patient care?
2		Skilled Pedi	atric (SNF/PED)			2	YES NO X
3		Intermediat	e (ICF)			3	
4		Intermediat	e/DD			4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
5		Sheltered Ca	are (SC)			5	YES NO X
6		ICF/DD 16	or Less			6	_ _
							I. On what date did you start providing long term care at this location?
7	203	TOTALS		203	74,298	7	Date started04/1/93
							J. Was the facility purchased or leased after January 1, 1978?
	B. Census-For	the entire report per					YES X Date 04/1/93 NO
	1	2	3	4	5		
	Level of Care		by Level of Care an	d Primary Source of	Payment		K. Was the facility certified for Medicare during the reporting year?
		Public Aid					YES X NO If YES, enter number
		Recipient	Private Pay	Other	Total		of beds certified 23 and days of care provided 834
8	SNF	16,987	1,686	1,020	19,693	8	
9	SNF/PED					9	Medicare Intermediary AdminaStar - Kentucky
_	ICF	39,637	3,935	26	43,598	10	
	ICF/DD					11	IV. ACCOUNTING BASIS
	SC					12	MODIFIED
13	DD 16 OR LESS					13	ACCRUAL X CASH* CASH*
14	TOTALS	56,624	5,621	1,046	63,291	14	Is your fiscal year identical to your tax year? YES X NO
	C Percent Oc	cupancy. (Column 5,	line 14 divided by to	tal licensed			Tax Year: 12/31/04 Fiscal Year: 12/31/04
		n line 7, column 4.)	85.19%	un necuscu			* All facilities other than governmental must report on the accrual basis.
		, ,		=	SEE ACCOUNTAI	NTS' CO	OMPILATION REPORT

STATE OF ILLING	OIS				Page 3
# 0	040428	Report Period Reginning	01/01/04	Ending:	12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar) October General Ledger		Facility Name & ID Number	#	0040428	Report Period	Beginning:	01/01/04	Ending:	12/31/04	_			
Operating Expenses		V. COST CENTER EXPENSES (through				llar)					TOD OWN	11011 0111 11	_
A. General Services									•		FOR OHF	USE ONLY	
1 Dictary 225,718 24,493 33,912 284,123 284,123 (19,889) 264,224 1 2 Food Purchase 289,156 (31,128) 258,028 (256) 257,772 2 2 3 Housekeeping 194,944 21,560 216,304 77,280 78,291 77,280 78,291 77,			Salary/Wage	Supplies		Total					_		
2 Pood Furchase 194,944 21,366 280,156 280,156 216,304 644 216,948 3 3 Housekeeping 194,944 21,366 216,304 644 216,948 3 3 4 Laundry 52,806 24,474 77,280			1	2		4	5		,		9	10	
3 Housekeeping			225,718		33,912								_
4 Laundry							(31,128)						
Second Content of Programs Feat and Other Utilities Second Content of Programs Second Content o		1 6							644				
6 Maintenance 60,726 24,590 87,595 172,911 172,911 (21,953) 180,958 67 7 Other (specify):** 8 TOTAL General Services 534,194 384,073 271,574 1,189,841 (31,128) 1,158,713 (34,236) 1,124,476 8 B. Health Care and Programs 9 9 Medical Director 6,6,000 6,000 6,000 6,000 6,000 6,000 9 10 Nursing and Medical Records 1,713,887 91,647 478,754 2,284,288 2,284,288 (29,605) 2,254,683 10 10a Therapy 103,443 3,277 14,328 121,048 121,048 121,048 13,046,53 104,653 11 11 Activities 92,719 9,078 2,856 104,653 104,653 104,653 104,653 11 12 Social Services 166,189 211 11,916 178,316 178,316 178,316 12 13 Nurs Adde Training 14 Program Transportation 14 Program Transportation 15 Other (specify): 7 14 Administration 57,416 75,552 132,968 132,968 (6,275) 126,693 17 15 Directors Fees 170,399 170,399 (2,625) 167,774 (127,413) 40,361 19 17 Professional Services 181,799 24,212 207,336 413,397 (133,997) 289,404 121 20 Dues, Fees, Subscriptions & Promotions 15,206 S,226 (23,315) 35,911 20 21 Clerical & General Office Expenses 181,799 24,212 207,336 413,397 (123,993) 289,404 121 22 Employee Benefits & Payroll Taxes 336,698 31,128 367,826 (5,275) 126,693 177,096 126 25 Other Administration 5,944 5,954 5,964 5,964 2,541 8,505 25 26 Insurance-Prop.Lab.Malpractice 170,005 176,065 176,065 1,031 177,096 26 27 Other (specify): 8 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 29 29 (sum of this service S 1,000,000 1,000 10 1,000 12 1,000 12 1,000 11 1,000	4	,	52,806	24,474		,				,			
TOTAL General Services 534,194 384,073 271,574 1,189,841 (31,128) 1,158,713 (34,236) 1,124,476 8	5								,				5
8 TOTAL General Services	6		60,726	24,590	87,595	172,911		172,911					6
B. Health Care and Programs 9 Medical Director 10 Nursing and Medical Records 1,713,887 91,647 478,754 2,284,288 2,284,288 2,284,288 (29,605) 2,254,683 10 10 10 Nursing and Medical Records 113,443 3,277 14,328 121,048 121,048 121,048 13,048 121,048 13,048 121,048 13,048 121,048 13,048 13,048 14,053 104,653 111 12 Social Services 106,189 211 11,916 178,316 18 19 10 Herring Transportation 17 Administrative 18 Transportation 19 Professional Services 170,399	7	Other (specify):*							5,071	5,071			7
9 Medical Director	8	TOTAL General Services	534,194	384,073	271,574	1,189,841	(31,128)	1,158,713	(34,236)	1,124,476			8
10 Nursing and Medical Records 1,713,887 91,647 478,754 2,284,288 2,284,288 (29,605) 2,254,683 10 10a Therapy													
Therapy	9				6,000			6,000		- ,			9
11 Activities 92,719 9,078 2,856 104,653 104,653 104,653 104,653 110,653 111 12 Social Services 166,189 211 11,916 178,316 178,316 178,316 178,316 178,316 113 14 Program Transportation 15 Other (specify).* 4,259 4,259 15 15 15 16 Other (specify).* 4,259 4,259 15 15 15 16 16 16 16 16	10	Nursing and Medical Records	, -,	. , .	478,754			2,284,288	(29,605)	, - ,			10
12 Social Services 166,189 211 11,916 178,316 178,316 178,316 178,316 12	10a	Therapy	103,443	3,277	14,328			121,048	(3,689)	117,359			10a
13 Nurse Aide Training	11	Activities	92,719	9,078	2,856	104,653		104,653		104,653			11
14 Program Transportation 14 15 Other (specify):* 2,076,238 104,213 513,854 2,694,305 2,694,305 2,694,305 2,665,270 15 TOTAL Health Care and Programs 2,076,238 104,213 513,854 2,694,305 2,694,305 2,694,305 2,665,270 16 C. General Administration	12	Social Services	166,189	211	11,916	178,316		178,316		178,316			
15 Other (specify):*	13	Nurse Aide Training											13
16 TOTAL Health Care and Programs 2,076,238 104,213 513,854 2,694,305 2,694,305 2,694,305 2,665,270 16	14	Program Transportation											14
C. General Administration To Administrative S7,416 To To,552 132,968 132,968 (6,275) 126,693 170,391 170,395 170,3	15	Other (specify):*							4,259	4,259			15
17 Administrative 57,416 75,552 132,968 132,968 (6,275) 126,693 17 18 Directors Fees	16	TOTAL Health Care and Programs	2,076,238	104,213	513,854	2,694,305		2,694,305	(29,035)	2,665,270			16
18 Directors Fees 170,399 170,399 (2,625) 167,774 (127,413) 40,361 19		C. General Administration											
19 Professional Services 170,399 170,399 (2,625) 167,774 (127,413) 40,361 19	17	Administrative	57,416		75,552	132,968		132,968	(6,275)	126,693			17
20 Dues, Fees, Subscriptions & Promotions 258,226 58,226 58,226 58,226 (22,315) 35,911 20	18	Directors Fees											18
21 Clerical & General Office Expenses 181,799 24,212 207,386 413,397 413,397 (123,993) 289,404 21 22 Employee Benefits & Payroll Taxes 336,698 336,698 331,128 367,826 (537) 367,289 22 23 Inservice Training & Education 4,503 4,503 4,503 445 4,948 24 24 Travel and Seminar 4,503 4,503 4,503 445 4,948 24 25 Other Admin. Staff Transportation 5,964 5,964 5,964 2,541 8,505 25 26 Insurance-Prop.Liab.Malpractice 176,065 176,065 176,065 1,031 177,096 26 27 Other (specify):* 20,367 20,367 20,367 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 29 (sum of lines 8, 16 & 2	19	Professional Services			170,399	170,399	(2,625)	167,774	(127,413)	40,361			19
22 Employee Benefits & Payroll Taxes 336,698 336,698 31,128 367,826 (537) 367,289 22 23 Inservice Training & Education 23 24 Travel and Seminar 4,503 4,503 445 4,948 24 25 Other Admin. Staff Transportation 5,964 5,964 5,964 2,541 8,505 25 26 Insurance-Prop.Liab.Malpractice 176,065 176,065 176,065 1,031 177,096 26 27 Other (specify):* 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	20	Dues, Fees, Subscriptions & Promotions			58,226	58,226			(22,315)	35,911			20
23 Inservice Training & Education 23 24 Travel and Seminar 4,503 4,503 445 4,948 24 25 Other Admin. Staff Transportation 5,964 5,964 5,964 2,541 8,505 25 26 Insurance-Prop.Liab.Malpractice 176,065 176,065 1,031 177,096 26 27 Other (specify):* 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	21		181,799	24,212	207,386			413,397	(123,993)	289,404			21
24 Travel and Seminar 4,503 4,503 4,503 445 4,948 24 25 Other Admin. Staff Transportation 5,964 5,964 5,964 2,541 8,505 25 26 Insurance-Prop.Liab.Malpractice 176,065 176,065 176,065 1,031 177,096 26 27 Other (specify):* 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	22	Employee Benefits & Payroll Taxes			336,698	336,698	31,128	367,826	(537)	367,289			22
25 Other Admin. Staff Transportation 5,964 5,964 5,964 2,541 8,505 25 26 Insurance-Prop.Liab.Malpractice 176,065 176,065 176,065 1,031 177,096 26 27 Other (specify):* 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	23	Inservice Training & Education											23
26 Insurance-Prop.Liab.Malpractice 176,065 176,065 176,065 1,031 177,096 26 27 Other (specify):* 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	24	Travel and Seminar			4,503	4,503		4,503	445	4,948			24
27 Other (specify):* 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	25				5,964	5,964		5,964	2,541	8,505			25
27 Other (specify):* 20,367 20,367 20,367 27 28 TOTAL General Administration 239,215 24,212 1,034,793 1,298,220 28,503 1,326,723 (256,149) 1,070,574 28 TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	26	Insurance-Prop.Liab.Malpractice			176,065	176,065		176,065	1,031	177,096			26
TOTAL Operating Expense (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	27								20,367	20,367			27
29 (sum of lines 8, 16 & 28) 2,849,647 512,498 1,820,221 5,182,366 (2,625) 5,179,741 (319,420) 4,860,321 29	28		239,215	24,212	1,034,793	1,298,220	28,503	1,326,723	(256,149)	1,070,574			28
	20		2.040.645	F12 400	1 020 221	5 100 2CC	(2.625)	5 150 5 tt	(210.420)	4.000.221			20
	29))						т		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000. SEE ACCOUNTANTS' COMPILATION REPONOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

Facility Name & ID Number

			Cost Per Gener	al Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			76,646	76,646		76,646	(22,892)	53,754			30
31	Amortization of Pre-Op. & Org.							16,587	16,587			31
32	Interest			124,336	124,336		124,336	517,199	641,535			32
33	Real Estate Taxes			85,960	85,960	2,625	88,585	17,766	106,351			33
34	Rent-Facility & Grounds			516,000	516,000		516,000	(516,000)				34
35	Rent-Equipment & Vehicles			9,018	9,018		9,018	3,624	12,642			35
36	Other (specify):*											36
37	TOTAL Ownership			811,960	811,960	2,625	814,585	16,284	830,869			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		48,258	33,740	81,998		81,998		81,998			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,448	111,448		111,448		111,448			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		48,258	145,188	193,446		193,446		193,446			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	2,849,647	560,756	2,777,369	6,187,772		6,187,772	(303,136)	5,884,636			45

^{*}Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Maplewood Care

0040428

Report Period Beginning:

01/01/04

12/31/04

Ending:

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$	-	\$	1
2	Other Care for Outpatients			1	2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(43,312	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(256	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(660) 20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(170,190) 21		24
25	Fund Raising, Advertising and Promotional	(6,853) 20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(11,874			28
	Other-Attach Schedule	(38,346	,		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (271,490)	\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(31,646)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (31,646)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (303,136)		37

^{*}These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions)

(Se	e instructions.)	1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
	Barber and Beauty Shops					41
	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

	OHF USE ONL	Y				
48		49	50	51	52	

Manual	1	Ending:	12/31/04	-		Sch. V Line	
Company Comp	1	NON-ALLOWABLE	E EXPENSES	Aı	nount	Reference	_
3 The Law (2,000) 2 3 3 5 5 5 5 5 5 5 5		IL COPE Dues		s	(3,141)		1
	3	Conection Fees Theft Loss		-	(182)	20	2
5 Cyclesion Fass (101) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8	4	Legal Fees (Prior Period)	 		19	4
6 Collector fees (111) 21 6 1 (2) (2) (3) 19 7 3 (2) (3) (3) 19 7 4 (2) (3) (3) 11 11 5 (2) (3) (4) 11 12	5	Capitalized R&M	,	†	(7,902)	06	
8 8 8 9 1 9 1 10	6	Collection Fees			(111)	21	6
9 9 9 1 1 1 1 1 1 1	7	Legal Fees (Non-allowal	ble)		(22,883)	19	7
10 10 11 11 11 11 11 11	8						8
13 11 12 13 13 14 15 15 15 15 15 15 15							
12 13 14 15 16 16 16 16 16 16 16				-			
33 3 3 3 3 3 3 3 3 3	12						
14	13						13
15 15 15 15 16 17 17 17 17 17 18<	14						14
37 3	15						15
18	16						
99 90 139 13	17			-			17
10	10						10
12 12 12 12 12 12 13 14 15 15 15 15 15 15 15	20						20
22 22 23 23 23 25 25 25	21						21
15 15 15 15 15 15 15 15	22						22
55 325	23						23
56	24						24
72 12 12 12 13 13 13 13 1	25 26			 			26
19	27			1			27
90 30 30 30 30 30 30 30	28						28
11 3 3 3 3 3 3 3 3 3	29						29
22 3 3 3 3 3 3 3 3 3	30						30
33 33 33 33 33 34 34 34	31			-			31
SS	32	-		-			32
SS	34	+		 			
77 3 3 3 3 3 3 3 3 3	35	†					35
77 3 3 3 3 3 3 3 3 3	36						36
99 99 99 99 99 99 99 99	37						37
80 40 41 42 43 44 44 44 44 44 44	38						
12 42 43 44 45 45 45 45 45 45	39 40			-			
12 14 14 14 14 14 14 14	40 41			 			
33 43 44 45 46 46 46 46 46 46	42						42
14	43						43
66 46 48<	44						44
72 47 47 47 47 47 47 47	45						
88 89 80 80 80 80 80 80	46						46
99							
98	48			-			
13 3 3 3 3 3 3 3 3 3	50						50
3	51						51
44	52						
55	53						
66	54			-			54
8 S S S S S S S S S	56						56
SS SS SS SS SS SS SS SS	57						57
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32 32 32 33 34 35 35 36 36 36 36 36 36	60			_	_		60
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55 75 75 75 75 75 75 75	71 72						
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98 78 78 78 79 79 79 79	71 72 73 74 75						75
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11 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	71 72 73 74 75 76 77						75 76 77 78
33 33 33 34 34 34 34 34	71 72 73 74 75 76 77 78 79 80						75 76 77 78 79 80
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88 88 88 88 88 89 99 99	71 72 73 74 75 76 77 78 80 81 82 83						75 76 77 78 79 80 81 82 83
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33 34 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	71 72 73 74 75 76 77 78 80 81 82 83 84 85 86 87 88 89						75 76 77 78 79 80 81 82 83 84 85 86 87 88
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00	71 72 73 74 75 76 77 78 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96						75 76 77 78 79 80 81 82 83 84 85 88 88 89 90 91 92 93 94 95 96
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	71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 90 91 92 93 94 95 96 97 98						75 76 77 78 79 80 81 82 82 83 84 85 86 87 90 91 92 93 94 95 96 97 98 99

STATE OF ILLINOIS

Summary A Facility Name & ID Number Maplewood Care
SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 61 # 0040428 Report Period Beginning: 01/01/04 12/31/04 **Ending:**

	SUMMARY OF PAGES 5, 5A, 6, 6A	1, 6B, 6C, 6D, 6)E, 6F, 6G, 6I	1 AND 61										
													SUMMARY	1
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	l
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	61	(to Sch V, col.	.7)
1	Dietary					(14,729)	(5,160)						(19,889)	1
2	Food Purchase	(256)											(256)	2
3	Housekeeping			644									644	3
4	Laundry													4
5	Heat and Other Utilities			844	1,303								2,147	5
6	Maintenance	(7,902)		614	(12,346)		(2,319)						(21,953)	6
7	Other (specify):*				884	1,254	2,933						5,071	7
8	TOTAL General Services	(8,158)		2,102	(10,159)	(13,475)	(4,546)						(34,236)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records				(23,605)				(6,000)				(29,605)	10
10a	Therapy						(3,689)		1 1				(3,689)	10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*				3,143		1,116						4,259	15
16	TOTAL Health Care and Programs				(20,462)		(2,573)		(6,000)				(29,035)	16
	C. General Administration													
17	Administrative			16,549	(62,351)	43,847	(4,320)						(6,275)	17
18	Directors Fees													18
19	Professional Services	(25,001)		(99,043)	302	12,769	(16,440)						(127,413)	19
20	Fees, Subscriptions & Promotions	(22,710)		203	192								(22,315)	20
21	Clerical & General Office Expenses	(172,309)		57,091	(8,775)								(123,993)	21
22	Employee Benefits & Payroll Taxes							(537)					(537)	22
23	Inservice Training & Education													23
24	Travel and Seminar			162	283								445	24
25	Other Admin. Staff Transportation			556	1,985	İ	İ						2,541	25
26	Insurance-Prop.Liab.Malpractice			403	628	İ	İ						1,031	26
27	Other (specify):*			9,782	3,704	6,881							20,367	27
28	TOTAL General Administration	(220,020)		(14,297)	(64,032)	63,497	(20,760)	(537)					(256,149)	28
	TOTAL Operating Expense													ı
29	(sum of lines 8,16 & 28)	(228,179)		(12,195)	(94,653)	50,022	(27,879)	(537)	(6,000)				(319,420)	29

STATE OF ILLINOIS

Facility Name & ID Number Maplewood Care SUMMARY B Report Period Beginning: 01/01/04 Ending: 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

													SUMMARY	
	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6 G	6H	61	(to Sch V, col	1.7)
30	Depreciation	(43,312)	15,921	1,994	2,505								(22,892)	30
31	Amortization of Pre-Op. & Org.		16,587										16,587	31
32	Interest		516,000	361	838								517,199	32
33	Real Estate Taxes		11,844	2,173	3,749								17,766	33
34	Rent-Facility & Grounds		(516,000)										(516,000)	34
35	Rent-Equipment & Vehicles			2,095	1,529								3,624	35
36	Other (specify):*													36
37	TOTAL Ownership	(43,312)	44,352	6,623	8,621								16,284	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	TOTAL Special Cost Centers													44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(271,490)	44,352	(5,572)	(86,032)	50,022	(27,879)	(537)	(6,000)				(303,136)	45

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0040428

Report Period Beginning:

01/01/04 E

Ending:

12/31/04

Page 6

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

A. Effici below the fiames of ALL of	Wilers and rei	ated organizations (parties) as defined in the	additional schedule if flecessary.				
1		2	3				
OWNERS		RELATED NURSING HOMI	OTHER RELATED BUSINESS ENTITIES				
Name	Ownership %	Name	City	Name	City	Type of Busine	ess
See Attached		See Attached		See Attached			
				Maplewood-Jane, LLC		Building Co	
			-				
			-				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

		ictions.	for determining costs as specified	or this form.					
	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					•	Ownership	Organization	Costs (7 minus 4)	
1	V	34	Rental Income	\$ 516,000	Maplewood-Jane, LLC	100.00%	\$	\$ (516,000)	1
2	V	33	Real Estate Tax Income	85,960	Maplewood-Jane, LLC	100.00%		(85,960)	2
3	V	31	Amortization		Maplewood-Jane, LLC	100.00%	16,587	16,587	3
4	V	30	Depreciation		Maplewood-Jane, LLC	100.00%	15,921	15,921	4
5	V	32	Interest Expense		Maplewood-Jane, LLC	100.00%	516,000	516,000	5
6	V	33	Real Estate Tax Expense		Maplewood-Jane, LLC	100.00%	97,804	97,804	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 601,960			\$ 646,312	s * 44,352	14

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Maplewood Care

0040428

Report Period Beginning:

01/01/04

Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

 $If yes, costs incurred \ as \ a \ result \ of \ transactions \ with \ related \ organizations \ must \ be \ fully \ itemized \ in \ accordance \ with$

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sche	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					_	Ownership	Organization	Costs (7 minus 4)	
15	V	3	HOUSEKEEPING	\$	PREFERRED BOOKKEEPING	100.00%	\$ 644	\$ 644	15
16	V	5	UTILITIES		PREFERRED BOOKKEEPING	100.00%	844	844	16
17	V	6	REPAIRS AND MAINT.		PREFERRED BOOKKEEPING	100.00%	614	614	17
18	V	17	ADMIN, FINANCIAL SAL.		PREFERRED BOOKKEEPING	100.00%	16,549	16,549	18
19	V	19	PROFESSIONAL FEES		PREFERRED BOOKKEEPING	100.00%	1,337	1,337	19
20	V	20	DUES,SUBSCRIPTIONS		PREFERRED BOOKKEEPING	100.00%	203	203	20
21	V	21	CLERICAL		PREFERRED BOOKKEEPING	100.00%	57,091	57,091	21
22	V	24	SEMINARS		PREFERRED BOOKKEEPING	100.00%	162	162	22
23	V	25	ADMIN. STAFF TRAVEL		PREFERRED BOOKKEEPING	100.00%	556	556	23
24	V	26	INSURANCE		PREFERRED BOOKKEEPING	100.00%	403	403	24
25	V	27	EMPLOYEE BENEFITS		PREFERRED BOOKKEEPING	100.00%	9,782	9,782	25
26	V	30	DEPRECIATION		PREFERRED BOOKKEEPING	100.00%		1,994	26
27	V	32	INTEREST		PREFERRED BOOKKEEPING	100.00%	361	361	27
28	V	33	REAL ESTATE TAXES		PREFERRED BOOKKEEPING	100.00%	2,173	2,173	28
29	V	35	EQUIPMENT RENTAL		PREFERRED BOOKKEEPING	100.00%	2,095	2,095	29
30	V								30
31	V								31
32	V	19	ACCOUNT./BOOKKEEPING	100,380	PREFERRED BOOKKEEPING	100.00%		(100,380)	32
33	V	19	COMPUTER	4,872	PREFERRED BOOKKEEPING	100.00%	4,872		33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			s 105,252			s 99,680	\$ * (5,572)	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, X YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Scho	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					-	Ownership	Organization	Costs (7 minus 4)	
15	V	5	UTILITIES	\$	S.I.R. MANAGEMENT, INC.	100.00%	s 1,303	\$ 1,303	15
16	V	6	REPAIRS AND MAINT.	18,276	S.I.R. MANAGEMENT, INC.	100.00%	5,930	(12,346)	16
17	V	7	EMP. BENGEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	884	884	17
18	V	10	NURSING	40,200	S.I.R. MANAGEMENT, INC.	100.00%	16,595	(23,605)	18
19	V	15	EMP. BENH.C.		S.I.R. MANAGEMENT, INC.	100.00%	3,143	3,143	19
20	V	17	ADMINISTRATIVE	71,232	S.I.R. MANAGEMENT, INC.	100.00%	8,881	(62,351)	20
21	V	19	PROFESSIONAL FEES		S.I.R. MANAGEMENT, INC.	100.00%	302	302	21
22	V	20	FEES,SUBSCRIPTIONS		S.I.R. MANAGEMENT, INC.	100.00%	192	192	22
23	V	21	CLERICAL & GENERAL	20,712	S.I.R. MANAGEMENT, INC.	100.00%	11,937	(8,775)	23
24	V	24	EDUCATION & SEMINAR		S.I.R. MANAGEMENT, INC.	100.00%	283	283	24
25	V	25	OTHER ADMIN. STAFF TRANS.		S.I.R. MANAGEMENT, INC.	100.00%	1,985	1,985	25
26	V	26	INSURANCE		S.I.R. MANAGEMENT, INC.	100.00%	628	628	26
27	V	27	EMP. BENGEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	3,704	3,704	27
28	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%	2,505	2,505	28
29	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%	838	838	29
30	V	33	REAL ESTATE TAXES		S.I.R. MANAGEMENT, INC.	100.00%	3,749	3,749	30
31	V	35	EQUIPMENT RENTAL		S.I.R. MANAGEMENT, INC.	100.00%	1,529	1,529	31
32	V								32
33	V	39	LEASED EQUIPMENT		S.I.R. MANAGEMENT, INC.	100.00%			33
34	V	30	DEPRECIATION		S.I.R. MANAGEMENT, INC.	100.00%			34
35	V	32	INTEREST		S.I.R. MANAGEMENT, INC.	100.00%			35
36	V								36
37	V								37
38	V								38
39	Total			s 150,420			s 64,388	s * (86,032)	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &	ID Number	Maplewood Care
VII. RELATED	PARTIES (cont	inued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, X YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Scheo	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	ı
Senec		23	100.11	1	Tume of Remed of guillation	Ownership	Organization	Costs (7 minus 4)	
15	V	1	DIETARY SALARIES	s 20,712	S.I.R. MANAGEMENT, INC.	100.00%			15
16	V	7	EMP. BENDIETARY	\$ 20,712	S.I.R. MANAGEMENT, INC.	100.00%		1,254	
17	V	17	ADMIN./LEGAL SALARIES		S.I.R. MANAGEMENT, INC.	100.00%	, -	43,847	17
18	V	19	FINANCIAL CONSULTANT		S.I.R. MANAGEMENT, INC.	100.00%		12,769	18
19	V	27	EMP. BENADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00%	,	6,881	19
20	V	21	EMI. BENADMINISTRATIVE		S.I.R. MANAGEMENT, INC.	100.00 /0	0,001	0,001	20
21	v	17	ADMIN, SALARY-B, BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			21
22	V	6	REPAIRS & MAINTB. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			22
23	v	21	CLERICAL & GENB. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			23
24	v	26	AUTO INSURANCE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			24
25	v	27	EMP. BENEFITS-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			25
26	v	35	AUTO LEASE-B. BARRISH		S.I.R. MANAGEMENT, INC.	100.00%			26
27	v	-	THE TO ELEKSE D. D. MIRKISTI		SHIRE HER TO EMELTITY IN C.	100.00 / 0			27
28	v	17	ADMIN, SALARY-M, GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			28
29	v	21	CLERICAL & GENM. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			29
30	v	26	AUTO INSURANCE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			30
31	v	27	EMP. BENEFITS-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			31
32	v	35	AUTO LEASE-M. GIANNINI		S.I.R. MANAGEMENT, INC.	100.00%			32
33	v		THE TO ELECTION OF THE CONTRACT OF THE CONTRAC			100,007			33
34	V								34
35	V								35
36	V								36
37	V								37
38	v	1							38
	Total			6 20.712			6 70.734	c * 50.022	
39	Total			\$ 20,712			\$ 70,734	\$ * 50,022	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)	VII.	REL	ATED	PARTIES	(continued)
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B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, X YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
						Percent	Operating Cost	Adjustments for
Schedu	ıle V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
					<u> </u>	Ownership	Organization	Costs (7 minus 4)
15	V	10A	SPECIAL REHAB	9,012	S.I.R. MANAGEMENT, INC.	100.00%	5,323	
16	V	15	EMP. BENH. CARE & PROG.		S.I.R. MANAGEMENT, INC.	100.00%	1,116	1,116 16
17	V							17
18	V	6	REPAIRS AND MAINT.	8,618	S.I.R. MANAGEMENT, INC.	100.00%	-,	(2,319) 18
19	V	7	EMP. BENGEN. SERV.		S.I.R. MANAGEMENT, INC.	100.00%	1,248	1,248 19
20	V							20
21	V							21
22	V	1	DIETICIAN SALARIES	13,200	S.I.R. MANAGEMENT, INC.	100.00%	- /	(5,160) 22
23	V	7	EMP. BENGEN. ADMIN.		S.I.R. MANAGEMENT, INC.	100.00%	1,685	1,685 23
24	V							24
25	V	19	LEGAL FEES	16,440	S.I.R. MANAGEMENT, INC.	100.00%		(16,440) 25
26	V							26
27	V	17	FEES	4,320	S.I.R. MANAGEMENT, INC.	100.00%		(4,320) 27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39 To	otal			\$ 51,590			s 23,711	s * (27,879) 39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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		STATE OF ILLINOIS		F	Page 6E
Facility Name & ID Number	Maplewood Care	# 0040428 Report Period Be	ginning: 01/01/04	Ending:	12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, X YES management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sched	lule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					•	Ownership		Costs (7 minus 4)	
15	V	22	EMPLOYEE HEALTH INSURANCE	\$	CCS EMPLOYEE BENEFIT GROUP	100.00%			15
16	V								16
17	V								17
18	V								18
19	V	22	EMPLOYEE HEALTH INSURANCE	99,448	CCS EMPLOYEE BENEFIT GROUP	100.00%			19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V	ļ							26
27	- V	ļ							27 28
28	V	ļ							29
30	V				paramatan da da da da da da da da da da da da da 			-	30
31	V								31
32	v								32
33	v								33
34	v								34
35	V					†			35
36	V								36
37	V								37
38	V								38
39 T	Γotal			\$ 99,448			s 98,911	\$ * (537)	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

VII. REI	ATED	PARTIES	(continued)

B.	Are any costs included in this report which are a result of transactions wit	h rela	ated organizat	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.	X	YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
			Ç			Percent	Operating Cost	Adjustments for
Sched	lule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization
					D .	Ownership	Organization	Costs (7 minus 4)
15	V	01	DIETARY	\$	XCEL MEDICAL SUPPLY, LLC	100.00%		\$ 15
16	V	02	FOOD		XCEL MEDICAL SUPPLY, LLC	100.00%		16
17	V	03	HOUSEKEEPING		XCEL MEDICAL SUPPLY, LLC	100.00%		17
18	V	04	LAUNDRY		XCEL MEDICAL SUPPLY, LLC	100.00%		18
19	V	06	REPAIRS & MAINTENANCE		XCEL MEDICAL SUPPLY, LLC	100.00%		19
20	V	10	NURSING	40,441	XCEL MEDICAL SUPPLY, LLC	100.00%	34,441	(6,000) 20
21	V	10A	THERAPY		XCEL MEDICAL SUPPLY, LLC	100.00%		21
22	V	12	SOCIAL SERVICE		XCEL MEDICAL SUPPLY, LLC	100.00%		22
23	V	21	CLERICAL & GENERAL OFFICE		XCEL MEDICAL SUPPLY, LLC	100.00%		23
24	V	22	EMPLOYEE BENEFITS		XCEL MEDICAL SUPPLY, LLC	100.00%		24
25	V	39	ANCILLARY		XCEL MEDICAL SUPPLY, LLC	100.00%		25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V						·	36
37	V							37
38	V							38
39				s 40,441			\$ 34,441	s * (6,000) 39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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	AI	н. ч	, r	11 /		.,	

		STATE OF ILLINO				I	Page 6G
Facility Name & ID Number	Maplewood Care	#	004042	28 Report Period Beginning:	01/01/04	Ending:	12/31/04

VII. RELATED PARTIES (continued)

В.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizati	ions?	This includes rent,
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		0		5	Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Senedule v	Line	Tem	rimount	Name of Related Organization	Ownership		Costs (7 minus 4)	
15 V			e		Ownership	e		15
16 V			J			3		16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29 V								29
30 V								30
J1 V								31
32 ,								32
7								34
34 V 35 V	-							35
36 V								36
37 V								37
38 V			1					38
					ı			
39 Total			[\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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	ST	TATE OF ILLINOIS	3			I	Page 6H	
Facility Name & ID Number M	Iaplewood Care	#	0040428	Report Period Beginning:	01/01/04	Ending:	12/31/04	
VII. RELATED PARTIES (continued) B. Are any costs included in this ren) our which are a result of transactions with related organization	s? This includes ren	t					

NO

YES

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

management fees, purchase of supplies, and so forth.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
1	2	5 Cost Fer General Leager	4	5 Cost to Related Organization	· -	0		
					Percent	Operating Cost	Adjustments for	
Schedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					Ownership	Organization	Costs (7 minus 4)	
15 V			\$			\$		15
16 V								16
17 V								17
18 V								18
19 V								19
20 V								20
21 V								21
22 V								22
23 V								23
24 V								24
25 V								25
26 V								26
27 V								27
28 V								28
29								29
30 V								30
31 7								31
32								32
33 V								33
34 1								34
00	-				1			35
30 V								36
37								37
38 V								38
39 Total			\$			S	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

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Page 6I # 0040428 Facility Name & ID Number Maplewood Care Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)	VII.	REL	ATED	PARTIES	(continued)
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B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES NO management fees, purchase of supplies, and so forth.

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

	1	2	2 3 Cost Per General Ledger 4 5 Cost to Related Organization		5 Cost to Related Organization	6	7	8 Difference:	
			0		0	Percent	Operating Cost	Adjustments for	
Sch	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
Sell	duic v	Line	iciii	Amount	Name of Related Organization				
15	V	1		Φ.		Ownership	Organization	Costs (7 minus 4)	1.5
15 16	V			\$		-	3	3	15 16
17	V								17
18	V				-	1			18
19	V								19
20	v								20
21	v								21
22	V	1							22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V	1							32
33	V								33
34	V	1							34
35	V	1							35
36	V	-				-			36 37
38	V	-				-			38
	•	_							
39	Total			S			 S	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Maplewood Care

0040428

Report Period Beginning:

01/01/04

Ending:

12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hou	rs Per Work				
					Compensation	Week Devo	ted to this	Compensati	on Included	Schedule V.	
					Received	Facility and	% of Total	in Costs	for this	Line &	
				Ownership	From Other	Work	Week	Reportin	Column		
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	Nenita Guzman	Relative	Dietary		See Attached	4.66	11.65%	Alloc. Salary	\$ 5,983	1-7	1
2	Louise Bergthold	Owner	Administrative	6.09%	See Attached	5.13	12.83%	Alloc. Salary	16,398	17-7	2
3	Tom Winter	Owner	Administrative	0.77%	See Attached	6.13	15.33%	Alloc. Salary	16,549	17-7	3
4	Jeff Oravec	Owner	Administrative	0.51%	See Attached	3.73	9.33%	Alloc. Salary	9,382	17-7	4
5	Stuart Sikes	Owner	Administrative	1.02%	See Attached	3.73	9.33%	Alloc. Salary	10,524	17-7	5
6	Joey Abramchik	Owner	Administrative	2.54%	See Attached	4.20	10.50%	Alloc. Salary	12,769	17-7	6
7	Eric Rothner	Relative	Administrative		See Attached	0.72	1.56%	Alloc. Salary	8,769	17-7	7
8	Adam Vales	Relative	Clerical		See Attached	0.64	1.60%	Alloc. Salary	667	22-7	8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 81,041		13

^{*} If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

^{**} This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME. ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

STATE OF ILLINOIS	Page 8
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VIII. ALLOCATION OF INDIRECT COSTS		Facility Name	& ID Number Maplewood	Care		# 0040428	Report Period Beginning:	01/01/04	Ending:	12/31/04	
A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) Secondary 1		VIII. ALLOC	ATION OF INDIRECT COSTS								
or parent organization costs? (See instructions.) B. Show the allocation of costs below. If necessary, please attach workshees. 1		A A 4h -				-1 - £C				_	
B. Show the allocation of costs below. If necessary, please attach worksheets.										_	
S. Show the allocation of costs below. If necessary, please attach worksheets. Fax Number Total Indirect Schedule V Line Unit of Allocation (i.e.,Days, Direct Cost, Legars Feet) Total Units Being Cost Being Cost Contained Indirect Cost Being Cost Contained Indirect Cost Being Cost Contained Indirect Indire		or parc	int organization costs: (See instru	cuons.)	110	A	Phone Numb	er (
Schedule V Line Line Cost Being Cost Being Cost Contained Facility Cost Cost Contained Facility Cost Cost Contained Facility Cost Cost Cost Cost Cost Cost Cost Cost		B. Show th	ne allocation of costs below. If ne	cessary, please attach work	sheets.			<u></u>)		
Line Reference Item		_	2	-	4	5	-	7	8	9	
Reference Item		Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
1 1 S S S 1 2 2 3 3 3 3 3 4		Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 5 6 6 6 6 6 6 6 7 7 7 8 8 7 7 8 8 9		Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
3 4 4 4 4 4 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 8 8 9							\$	\$		\$	
4 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 7 7 8 7 7 8 8 8 8 8 9 9 9 9 9 9 9 10 10 10 10 11											
5 6 6 6 6 6 7 7 8 9											
6 6 7 1 6 8 8 8 8 9 10 10 10 11 1 10 11 12 1 1 12 13 1 1 14 15 1 1 15 16 1 1 16 17 1 1 16 19 1 1 19 20 2 1 20 21 2 2 2 23 2 2 2 24 1 1 2											
7 8 8 8 8 8 9											
8 9 9 9 9 9 9 9 10 9 9 10 10 10 10 10 11 11 11 11 11 11 11 11 11 12 12 13 12 13 14											
9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 18 19 19 20 20 21 22 23 24											
11 12 13 12 13 14 15 15 16 17 18 17 19 19 19 19 20 21 20 21 21 22 23 23 24 24 24 24	9										9
12 13 14 13 14 13 14 14 14 15 15 15 15 15 15 16 16 17 16 17 18 17 18 18 19 19 19 19 19 19 20 19 20 19 20 20 20 21 22 23 23 24 23 24 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10</td></td<>											10
13 14 13 14 14 14 15 15 15 16 16 16 17 17 17 18 18 18 19 19 19 20 20 20 21 21 22 23 23 24											
14 15 15 16 17 18 19 19 20 19 21 22 23 23 24 24											
15 16 16 16 16 17 17 18 17 18 18 18 19 10<											
16 17 17 18 19 19 20 20 21 21 22 23 23 24											
17 18 19 19 20 20 21 21 22 22 23 23 24 24											
18 19 19 19 20 20 21 21 22 21 23 23 24 24											
20 20 21 21 22 22 23 23 24 24											
21 22 23 24											
22 23 24 24						·					
23 24 24 22											
24 24											
25 TOTALS \$ \$ 25		TOTALS					S	\$		s	25

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	PREFERRED BOOKKEEPING SERVICES
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	4100 WEST PRATT AVE.
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	LINCOLNWOOD, IL. 60712
-	Phone Number	(847) 674-5200
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	847) 674-5267

B. Show the allocation of costs below.	If necessary, please attach worksheets.
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	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	3	HOUSEKEEPING	BOOK./ACCNT.INCOMI	E 927,958	10	\$ 5,955	\$	100,380	\$ 644	1
2	5	UTILITIES	BOOK./ACCNT.INCOMI	E 927,958	10	7,801		100,380	844	2
3	6	REPAIRS AND MAINT.	BOOK./ACCNT.INCOMI	E 927,958	10	5,680		100,380	614	3
4	17	ADMIN. FINANCIAL SAL.	BOOK./ACCNT.INCOMI	E 927,958	10	152,983	152,983	100,380	16,549	4
5	19	PROFESSIONAL FEES	BOOK./ACCNT.INCOMI	E 927,958	10	12,360		100,380	1,337	5
6	20	DUES,SUBSCRIPTIONS	BOOK./ACCNT.INCOMI	E 927,958	10	1,874		100,380	203	6
7	21	CLERICAL	BOOK./ACCNT.INCOMI	E 927,958	10	527,777	466,233	100,380	57,091	7
8	24	SEMINARS	BOOK./ACCNT.INCOMI	E 927,958	10	1,493		100,380	162	8
9	25	ADMIN. STAFF TRAVEL	BOOK./ACCNT.INCOMI	E 927,958	10	5,142		100,380	556	9
10	26	INSURANCE	BOOK./ACCNT.INCOMI	E 927,958	10	3,729		100,380	403	10
11	27	EMPLOYEE BENEFITS	BOOK./ACCNT.INCOMI	E 927,958	10	90,428		100,380	9,782	11
12	30	DEPRECIATION	BOOK./ACCNT.INCOMI	E 927,958	10	18,431		100,380	1,994	12
13	32	INTEREST	BOOK./ACCNT.INCOMI	E 927,958	10	3,338		100,380	361	13
14	33	REAL ESTATE TAXES	BOOK./ACCNT.INCOMI	, , , , , , , , , , , , , , , , , , , ,	10	20,087		100,380	2,173	14
15	35	EQUIPMENT RENTAL	BOOK./ACCNT.INCOMI	E 927,958	10	19,368		100,380	2,095	15
16										16
17										17
18										18
19	19	COMPUTER	DIRECT ALLOCATION						4,872	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 876,446	\$ 619,216		\$ 99,680	25

Maplewood Care

B. Show the allocation of costs below. If necessary, please attach worksheets.

0040428 Report Period Beginning:

01/01/04

Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES X

Name of Related Organization S.I.R. MANAGEMENT, INC. Street Address

6840 N. LINCOLN

City / State / Zip Code Phone Number

LINCOLNWOOD, IL. 60712 (847) 675 -7979

Fax Number (847) 675 -0555

								017,070 0000		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	Keierence	UTILITIES	PATIENT DAYS	678,909	Anocated Among	\$ 13.981	e III Column o	63,291		1
1	6	REPAIRS AND MAINT.	PATIENT DAYS	678,909		63,606	46,253	63,291	5,930	2
3	7	EMP. BENGEN. SERV.	PATIENT DAYS	678,909	11	9,483	40,255	63,291	884	3
1	10	NURSING	PATIENT DAYS	678,909		178,013	178,013	63,291	16,595	1
5	15	EMP. BENH.C.	PATIENT DAYS	678,909		33,716	170,013	63,291	3,143	5
6	17	ADMINISTRATIVE	PATIENT DAYS	678,909	11	95,266	95,266	63,291	8,881	6
7	19	PROFESSIONAL FEES	PATIENT DAYS	678,909	11	3,242	75,200	63,291	302	7
8	20	FEES,SUBSCRIPTIONS	PATIENT DAYS	678,909	11	2,062		63,291	192	8
9	21	CLERICAL & GENERAL	PATIENT DAYS	678,909	11	128,049	90,910	63,291	11,937	9
10	24	EDUCATION & SEMINAR	PATIENT DAYS	678,909	11	3,040	70,710	63,291	283	10
11	25	OTHER ADMIN. STAFF TRANS		678,909	11	21,297		63,291	1,985	11
12	26	INSURANCE	PATIENT DAYS	678,909	11	6,736		63,291	628	12
13	27	EMP. BENGEN. ADMIN.	PATIENT DAYS	678,909	11	39,734		63,291	3,704	13
14	30	DEPRECIATION	PATIENT DAYS	678,909	11	26,873		63,291	2,505	14
15	32	INTEREST	PATIENT DAYS	678,909	11	8,988		63,291	838	15
16	33	REAL ESTATE TAXES	PATIENT DAYS	678,909	11	40,220		63,291	3,749	16
17	35	EQUIPMENT RENTAL	PATIENT DAYS	678,909	11	16,401		63,291	1,529	17
18				2.0,5					-,	18
19	39	LEASED EQUIPMENT	LEASING INCOME	52,560	1					19
20	30	DEPRECIATION	LEASING INCOME	52,560	1	24,293				20
21	32	INTEREST	LEASING INCOME	52,560	1	6,298				21
22				,		,				22
23										23
24										24
25	TOTALS					\$ 721,298	\$ 410,443		\$ 64,388	25

Page 8C # 0040428 Report Period Beginning: Facility Name & ID Number Maplewood Care 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	S.I.R. MANAGEMENT, INC.
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	6840 N. LINCOLN
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	LINCOLNWOOD, IL. 60712
 -	Phone Number	(847) 675 -7979
D. Character at a set in a factor below. If a consequent places attack annuludated	East Marsh and	(0.47) (75, 0.555

D. Show ti	ne anocation of costs below. If nece	rax Number	047) 073 -0333					
1	2	3	4	5	6	7	8	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary		
Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allo
Deference	Itom	Squara Foot)	Total Units	Allocated Among	Allogated	in Column 6	Unite	(00] 8/0

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	1	DIETARY SALARIES	PATIENT DAYS	678,909	11	\$ 64,183	\$ 64,183	63,291	\$ 5,983	1
2	7	EMP. BENDIETARY	PATIENT DAYS	678,909	11	13,453		63,291	1,254	2
3	17	ADMIN./LEGAL SALARIES	PATIENT DAYS	678,909	11	470,339	470,339	63,291	43,847	3
4	19	FINANCIAL CONSULTANT	PATIENT DAYS	678,909	11	136,972		63,291	12,769	4
5	27	EMP. BENADMINISTRATIVE	PATIENT DAYS	678,909	11	73,815		63,291	6,881	5
6										6
7	17	ADMIN. SALARY-B. BARRISH	AVG HRS WKD	30	4	155,406	155,406			7
8	6	REPAIRS & MAINTB. BARRIS	AVG HRS WKD	30	4	1,462				8
9	21	CLERICAL & GENB. BARRISI	AVG HRS WKD	30	4	1,426				9
10	26	AUTO INSURANCE-B. BARRISI	AVG HRS WKD	30	4	733				10
11	27	EMP. BENEFITS-B. BARRISH	AVG HRS WKD	30	4	32,115				11
12	35	AUTO LEASE-B, BARRISH	AVG HRS WKD	30	4	16,634				12
13										13
14	17	ADMIN, SALARY-M, GIANNINI	AVG HRS WKD	30	4	150,673	150,673			14
15	21	CLERICAL & GENM. GIANNI	AVG HRS WKD	30	4	560				15
16	26	AUTO INSURANCE-M. GIANNI	AVG HRS WKD	30	4	726				16
17		EMP. BENEFITS-M. GIANNINI	AVG HRS WKD	30	4	31,946				17
18	35	AUTO LEASE-M. GIANNINI	AVG HRS WKD	30	4	6,756				18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,157,199	\$ 840,601		\$ 70,734	25

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	S.I.R. MANAGEMENT, INC.
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	6840 N. LINCOLN
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	LINCOLNWOOD, IL. 60712
	Phone Number	(847) 675 -7979
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	(847) 675 -0555

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	10A	SPECIAL REHAB	SPECIAL REHAB INC.	107,736	7	\$ 63,630	\$ 63,630	9,012	\$ 5,323	1
2	15	EMP. BENH. CARE & PROG.	SPECIAL REHAB INC.	107,736	7	13,337		9,012	1,116	2
3										3
4	6	REPAIRS AND MAINT.	MAINTENANCE INC.	143,028	11	107,866	107,866	8,352	6,299	4
5	7	EMP. BENGEN. SERV.	MAINTENANCE INC.	143,028	11	21,371		8,352	1,248	5
6										6
7										7
8	1	DIETICIAN SALARIES	DIETICIAN SERVICE		10	76,377	76,377	13,200	8,040	8
9	7	EMP. BENGEN. ADMIN.	DIETICIAN SERVICE	INC. 125,400	10	16,008		13,200	1,685	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18 19
19										20
20										21
22										22
23										23
24										24
	TOTALE					\$ 298,589	\$ 247.873		s 23.711	25
25	TOTALS					3 298,589	\$ 247,873		\$ 23,711	25

	OF			

Page 8E # 0040428 Report Period Beginning: Facility Name & ID Number Maplewood Care 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	CCS EMPLOYEE BENEFITS GROUP, INC.
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	4101 W. MAIN ST.
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	SKOKIE, IL 60076
	Phone Number	(847)905-4000
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	(847)905-4040

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	22	EMPLOYEE HEALTH INSURAN	DIRECT ALLOCATION	V	Ü	\$	\$		\$ 98,911	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10 11										10 11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22					-					22
23	<u> </u>							-		
24										24
25	TOTALS					\$	\$		\$ 98,911	25

STA	TE	OF	TT 1	IN	OI

Page 8F Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	XCEL MEDICAL SUPPLY, LLC
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	2201 MAIN STREET
or parent organization costs? (See instructions.) YES X NO	City / State / Zip Code	EVANSTON, IL 60202
_	Phone Number	(847)328-7600
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	(847)328-7615

	1	2	3	4	5	6	7	8	9	\Box
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	01	DIETARY	Direct Allocation			\$	\$		\$	1
2	02	FOOD	Direct Allocation							2
3	03	HOUSEKEEPING	Direct Allocation							3
4	04	LAUNDRY	Direct Allocation							4
5	06	REPAIRS & MAINTENANCE	Direct Allocation							5
6	10		Direct Allocation						34,441	6
7	10A		Direct Allocation							7
8			Direct Allocation							8
9		CLERICAL & GENERAL OFFICE								9
10			Direct Allocation							10
11	39	ANCILLARY	Direct Allocation							11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24							ļ			24
25	TOTALS					\$	\$		\$ 34,441	25

STATE OF ILLINOIS	Page 8G
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	Facility Name	e & ID Number Maplewood	Care		# 0040428 I	Report Period Beginning:	01/01/04	Ending:	12/31/04	
	VIII. ALLOC	CATION OF INDIRECT COSTS				Name of Rela	nted Organization			
	A. Are the	ere any costs included in this repor	rt which were derived from	allocations of centr	al office	Street Addre				
		ent organization costs? (See instru		NO		City / State /	Zip Code		-	
				<u></u>		Phone Numb	er ()		
	B. Show th	he allocation of costs below. If neo	cessary, please attach work	sheets.		Fax Number	()		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
7										6
8			+						 	7 8
9									+	9
10										10
11										11
12			1							12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22 23					1				 	22
24									 	24
	TOTALS					e	s		•	25
25	IUIALS					3	3		a	25

					STATE OF IL				Page 8H	
	Facility Name	& ID Number Ma	aplewood Care		# 0040428	Report Period Beginning:	01/01/04	Ending:	12/31/04	
	A. Are the	ent organization costs? (S	this report which were derived fro	NO	al office	Name of Rela Street Addre City / State / Phone Numb Fax Number	Zip Code er ()		
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•			\$	\$		\$	1
2										2
3										3
4										4
<u>5</u>										5
7										7
8										8
9										9
10										10
11										11
12										12
13 14	1									13 14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
24				+						24
	TOTALS					s	s		S	25

STATE OF ILLINOIS	Page :	8	ĺ
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	Facility Name	e & ID Number Maplewood	Care		# 0040428 R	Report Period Beginning:	01/01/04	Ending:	12/31/04	
	VIII. ALLOC	CATION OF INDIRECT COSTS								
	A Amothe	ere any costs included in this repor	et which were derived from	allogations of contra	al office	Name of Rel Street Addro	ated Organization			
		ere any costs included in this repoi ent organization costs? (See instru			ai office	City / State /			-	
	or pare	ent organization costs: (See instruc	cuons.)	110		Phone Numb	per ()		
	B. Show th	he allocation of costs below. If nec	essary, please attach work	sheets.		Fax Number	()		
			* *							
	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			1			\$	\$		\$	1
2										2
3										3
4										4
5										5
7										6
8										7 8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16 17								-		16 17
18										18
19								 		19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

		STATE OF I	LLINOIS			Page 9
Facility Name & ID Number	Manlewood Care	# 0040428	Report Period Reginning	01/01/04	Ending:	12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10	
										Reporting	
				Monthly				Maturity	Interest	Period	
	Name of Lender	Related**	Purpose of Loan	Payment	Date of	Amou	ınt of Note	Date	Rate	Interest	
		YES NO		Required	Note	Original	Balance		(4 Digits)	Expense	
	A. Directly Facility Related										
	Long-Term										
1	CIB Bank	X	Facility Improvement			\$ 600,000	\$			\$ 508	1
2											2
3											3
4											4
5	See Supplemental Schedule									516,000	5
	Working Capital	·									
6	CIB Bank	X	Working Capital		06/20/03		2,505,000			123,828	6
7											7
8	See Supplemental Schedule										8
9	TOTAL Facility Related					\$ 600,000	\$ 2,505,000			\$ 640,336	5 9
	B. Non-Facility Related*				_						
10	Allocation Preferred	X								361	10
11	Allocation SIR	X								838	11
12											12
13	See Supplemental Schedule										13
14	TOTAL Non-Facility Related					\$	\$			\$ 1,199	14
15	TOTALS (line 9+line14)					\$ 600,000	\$ 2,505,000			\$ 641,535	15

¹⁶⁾ Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 9 - SUPPLEMENTAL Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

2 10 Reporting Monthly Maturity Interest Period Name of Lender Related** **Purpose of Loan Payment Amount of Note** Date Rate Interest Date of YES NO Required Original Note Balance (4 Digits) Expense A. Directly Facility Related Long-Term Alloc. Maplewood-Jane, LLC X 516,000 1 2 2 3 3 4 4 5 5 6 6 7 TOTAL Long-Term 516,000 7 **Working Capital** 8 9 9 10 10 11 11 12 12 13 13 14 14 TOTAL Working Capital B. Non-Facility Related* 15 15 16 16 17 17 18 18 19 19 20 TOTAL Non-Facility Related 20

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS Page 10
0040428 Report Period Beginning: 01/01/04 Ending: 12/31/04

Facility Name & ID Number Maplewood Care

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

B. Real Estate Taxes								
Real Estate Tax accrual used on 2003 report.	s	119,360	1					
	-		<u> </u>					
2. Real Estate Taxes paid during the year: (Indicate the ta	2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)							
3. Under or (over) accrual (line 2 minus line 1).	\$	(74	3					
4. Real Estate Tax accrual used for 2004 report. (Detail	s	103,800	4					
11	5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)							
	6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)							
7. Real Estate Tax expense reported on Schedule V, line	33. This should be a combination of lines 3 thru 6.			s	106,351	7		
Real Estate Tax History:								
Real Estate Tax Bill for Calendar Year: 1999	85,194 8		FOR OHF USE ONLY					
2000 2001	87,263 9 89,959 10	13	FROM R. E. TAX STATEMENT FO	R 2003	\$	13		
2002 2003	5	\$	14					
2003 101,520 12 14 PLUS APPEAL COST FROM LINE 5								
Beginning accrual adjusted by \$18,260 for transfer of net es	15	LESS REFUND FROM LINE 6		\$	15			
Allocation Preferred Bookkeeping -\$2,173					•			
Allocation SIR Management - \$3,749		16	AMOUNT TO USE FOR RATE CAL	LCULATION	\$	16		

NOTES:

- 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
- If facility is a non-profit which pays real estate taxes, you must attach a denial of an
 application for real estate tax exemption unless the building is rented from a for-profit entity.
 This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME	Maplewood Care	;			COUNTY	Kane	
FAC	ILITY IDPH LICE	ENSE NUMBER	0040428					
CON	TACT PERSON F	REGARDING THI	S REPORT Steve Lav	enda				
TELI	EPHONE (847)23	36-1111		FAX#:	(847)236-1	155		
A.	Summary of Rea	al Estate Tax Cost	į	-				
	cost that applies t home property wh	o the operation of thich is vacant, rent	estate tax assessed for the nursing home in Co ed to other organization de cost for any period or	lumn D. Rea is, or used fo	al estate tax r purposes	applicable to a other than long	any portion	of the nursing
	(A))	(B)			(C)		(D)
	Tax Index	<u>Number</u>	Property Descr	ription		Total Tax		Tax Applicable to Nursing Home
1.	06-15-304-015		Long Term Care Prop	erty	\$	101,522.44	\$	101,522.44
2.	See Attached		SIR Property Allocat	on	\$	79,702.01	\$_	5,541.23
3.					\$		\$	
4.					\$		\$_	
5.					\$_		\$_	
6.					\$		\$_	
7.					\$_		. \$_	
8.					\$_		\$_	
9.					\$_		\$_	
10.					\$_		- \$_	
				TOTALS	\$_	181,224.45	\$_	107,063.67
B.	Real Estate Tax	Cost Allocations						
	Does any portion used for nursing h		y to more than one nurs		acant prope NO	rty, or property	which is r	ot directly
	,	*	chedule which shows th				_	ome.

C. <u>Tax Bills</u>

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FAC	ILITY NAME Ma	plewood Care		COUNTY	Kane
FAC	ILITY IDPH LICENSE	NUMBER 00404	28	_	
CON	TACT PERSON REGA	ARDING THIS REPO	ORT Steve Lavenda		
TEL	EPHONE (847)236-11	111	FAX#:	(847)236-1155	
A.	Summary of Real Est				
	cost that applies to the home property which is	operation of the nurs is vacant, rented to oth	ax assessed for 2000 on the ing home in Column D. Re her organizations, or used for or any period other than cal	al estate tax applicable to or purposes other than lor	any portion of the nursing
	(A)		(B)	(C)	(D)
1. 2. 3. 4. 5. 6. 7. 8. 9.	Tax Index Num		Property Description	Total Tax S S S S S S S S S	\$ \$
			TOTALS	\$	<u> </u>
B.	Real Estate Tax Cost	Allocations			
	Does any portion of th used for nursing home		re than one nursing home, v YES	vacant property, or proper NO	ty which is not directly
			which shows the calculation flocated to the nursing home		
C	Tay Dille				

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which

is normally paid during 2001.

Page 10B

STATE OF ILLINOIS

Page 11

Facility Name & ID Number Maplewood Care # 0040428 Report Period Beginning: 01/01/04 Ending: 12/31/04 X. BUILDING AND GENERAL INFORMATION: 36,780 **B.** General Construction Type: **Brick Number of Stories** Square Feet: Exterior Frame (c) Rent from Completely Unrelated Does the Operating Entity? (a) Own the Facility X (b) Rent from a Related Organization. Organization. (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.) X (a) Own the Equipment X (c) Rent equipment from Completely Does the Operating Entity? X (b) Rent equipment from a Related Organization. Unrelated Organization. (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.) List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable). YES NO Does this cost report reflect any organization or pre-operating costs which are being amortized? If so, please complete the following: 1. Total Amount Incurred: 16,587 2. Number of Years Over Which it is Being Amortized: 3. Current Period Amortization: 16,587 4. Dates Incurred: Nature of Costs: (Attach a complete schedule detailing the total amount of organization and pre-operating costs.) XI. OWNERSHIP COSTS: 2 3 Square Feet Year Acquired A. Land. Use Cost 1993 262,479

3 TOTALS

SEE ACCOUNTANTS' COMPILATION REPORT

262,479

STATE OF ILLINOIS

Page 12 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

	B. Buildi	ng Depreciation-Including Fixed Equ	upment. (See inst	ructions.) Koun	a all numbers to nea	rest dollar.					
	1		2	3	4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4			•		S	s		\$	·	\$	4
5											5
6											6
7											7
8											8
	Impro	ovement Type**									
9	Various	**		1993	98,204		20	3,593	3,593	44,166	9
10	Various			1994	13,684		20	684	684	7,786	10
11	Various			1995	5,179		20	259	259	2,451	11
12	Various			1996	19,800		20	990	(990)	8,745	12
13	Various			1997	21,688		20	1,085	1,085	8,514	13
14	Various			1998	19,077		20	955	955	5,998	14
15	Various			1999	47,028		20	2,195	2,195	11,807	15
16	Various			2000	565,082		20	28,254	28,254	136,145	16
17								-		-	17
18								-		-	18
19								-		•	19
20								-		-	20
21								-		1	21
22								-		-	22
23								-		-	23
24								-		-	24
25								-		-	25
26								-		-	26
27								-		-	27
28								-		•	28
29				ļ				-		-	29
30								-		-	30
31								-		-	31
33								-		-	32
34								-		-	33 34
35								-		-	35
				!				-		-	
36								-		-	36

See Page 12A, Line 70 for total SEE ACCOUNTANTS' COMPILATION REPORT

^{*}Total beds on this schedule must agree with page 2.
**Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-Including Fixed Equipment. (See in	3	4	5	6	7	8	9	\neg
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		s	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42				İ				42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52 53								52 53
54								54
55								55
56				-				56
57								57
58								58
59								59
60				İ				60
61				İ				61
62								62
63								63
64								64
65								65
66								66
67 Related Building Company (Pages 12-BLDG & 12A-BLDG) 68 Related Party Allocations (Pages 12-REP & 12A-REP)		5,445,306	15,921			(15,921)	2,064,884	67
68 Related Party Allocations (Pages 12-REP & 12A-REP)		79,946	2,715		3,149	434	29,978	68
69 Financial Statement Depreciation			76,646			(76,646)		69
70 TOTAL (lines 4 thru 69)		\$ 6,314,994	\$ 95,282		\$ 41,164	\$ (56,098)	\$ 2,320,474	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12B 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

1	3	d all numbers to near	5	6	7	8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12A, Carried Forward		s 6,314,994	\$ 95,282		\$ 41,164	\$ (54,118)	\$ 2,320,474	1
2 Water Heater	2001	10,761		20	538	538	2,107	2
3 Elevator Work	2001	13,900		20	695	695	2,664	3
4 Flooring	2001	14,489		20	1,449	1,449	5,313	4
5 Flooring	2001			20				5
6 Hvac Work	2001	9,400		20	470	470	1,684	6
7 Electrical Work	2001	13,800		20	690	690	2,358	7
8 Condensing Unit	2001	1,840		20	92	92	307	8
9 Heat Exchanger	2001	1,633		20	82	82	313	9
10 Hot Water Heater	2001	1,142		20	57	57	214	10
11 Drain Work	2001	2,400		20	120	120	440	11
12 Painting	2001	690		20	35	35	124	12
13 Painting	2001	522		20	26	26	87	1.
14 Ductwork	2001	1,084		20	54	54	195	14
15 Hvac	2001	1,187		20	59	59	193	15
16 Outlets	2002	4,351		20	435	435	1,305	16
17 Water Meter Work	2002	1,626		20	163	163	488	1
18 Compressor	2002	2,401		20	240	240	620	1
19 Hvac	2002	1,727		20	173	173	403	1
20 Roofing	2002	1,099		20	55	55	147	2
21 Cooling System	2002	1,560		20	78	78	208	2
22 Heating System	2002	1,033		20	52	52	138	2:
23 Cubicle Curtains	2002	1,727		20	86	86	230	2.
24 Stair Rails	2003	2,000		20	100	100	200	2.
25 Heat Exchange	2003	2,276		20	114	114	228	2:
26 Walk-In Cooler Work	2003	2,673		20	134	134	234	2
27 Sprinkler System	2003	6,975		20	349	349	610	2
28 Sealcoating Parking Lot	2003	3,300		20	165	165	220	2
29 Vinyl Tile	2003	930		20	47	47	62	2:
30 Hvac Register	2003	1,000		20	50	50	63	3
31 Furnace Ignitor, Flame Sensor	2003	1,116		20	56	56	65	3
32 Hvac Ignition, High Limit Control	2003	1,026		20	51	51	60	3:
33 Hvac Fan Delay Timer, Etc	2003	1,053		20	53	53	57	3.
34 TOTAL (lines 1 thru 33)		s 6,425,715	\$ 95,282		\$ 47,932	\$ (47,350)	\$ 2,341,811	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12C 12/31/04

Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

1	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12B, Carried Forward		s 6,425,715	s 95,282		\$ 47,932	\$ (47,350)	\$ 2,341,811	1
2 Elevator Work	2004	1,334		20	67	67	67	2
3 Plumbing	2004	4,952		20	62	62	62	3
4 Steel Door	2004	3,900		20	65	65	65	4
5 Blinds	2004	423		20	21	21	21	5
6 Verticle Rod Panel Bar	2004	584		20	29	29	29	6
7 Vinyl Blinds	2004	628		20	31	31	31	7
8 Tile Repair	2004	801		20	80	80	80	8
9 Compressor	2004	1,558		20	78	78	78	9
10 Condesor Fan Motors	2004	2,119		20	106	106	106	10
11 Fire Sprinkler Repair	2004	1,789		20	89	89	89	11
12								12
13								13
14								14
15								15 16
17								17
18								18
19								19
20				1				20
21				1				21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33		-						33
34 TOTAL (lines 1 thru 33)		\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Maplewood Care
XI. OWNERSHIP COSTS (continued)

34 TOTAL (lines 1 thru 33)

0040428 Report Period Beginning:

01/01/04 Ending:

Page 12D 12/31/04

34

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. Straight Line Year **Current Book** Life Accumulated Adjustments Improvement Type** Constructed Cost Depreciation in Years Depreciation Depreciation 2,342,439 1 Totals from Page 12C, Carried Forward 6,443,803 95,282 48,561 (46,721) 3 4 5 6 7 8 9 10 10 11 11 12 13 14 12 13 14 15 16 17 15 16 17 18 18 19 19 20 21 20 21 22 23 24 25 22 23 24 25 26 26 27 27 28 28 29 30 30 31 31 32 32 2,342,439

6,443,803 \$

SEE ACCOUNTANTS' COMPILATION REPORT

95,282

48,561

(46,721) \$

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12E 12/31/04 Facility Name & ID Number Maplewood Care # 0040
XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-including Fixed Equipment. (S	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12D, Carried Forward		s 6,443,803	\$ 95,282		\$ 48,561		\$ 2,342,439	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15 16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29		·						29
30								30
31								31
32								32
33		0 442 002	0.5.202		40.761	(46.501)	2 2 42 420	33
34 TOTAL (lines 1 thru 33)	1	\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12F 12/31/04 Facility Name & ID Number Maplewood Care # 0040
XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

1	3		4	5	6	7	8	9	1
	Year		Cu	rrent Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	C	ost De	preciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12E, Carried Forward		\$ 6,4	43,803	95,282		\$ 48,561		\$ 2,342,439	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11 12
12 13									13
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20									20
21									21
22									22
23									23
24									24
25									25
26									26
27 28									27 28
28 29									29
30									30
31									31
32									32
33									33
34 TOTAL (lines 1 thru 33)		\$ 6,4	43,803 \$	95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12G 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-Including Fixed Equipmen I Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1 Totals from Page 12F, Carried Forward		\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	1
2		, ,				` ' '		2
3								3
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5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17 18								17
19								18 19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Maplewood Care
XI. OWNERSHIP COSTS (continued)

34 TOTAL (lines 1 thru 33)

0040428 Report Period Beginning:

01/01/04 Ending:

48,561

(46,721) \$

Page 12H 12/31/04

34

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. Straight Line Year **Current Book** Life Accumulated Adjustments Improvement Type** Constructed Cost Depreciation in Years Depreciation Depreciation 2,342,439 1 Totals from Page 12G, Carried Forward 6,443,803 95,282 48,561 (46,721) 3 4 5 6 7 8 9 10 10 11 11 12 13 14 12 13 14 15 16 17 15 16 17 18 18 19 19 20 21 20 21 22 23 24 25 22 23 24 25 26 26 27 27 28 28 29 30 30 31 31 32 32 2,342,439

6,443,803 \$

SEE ACCOUNTANTS' COMPILATION REPORT

95,282

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12I 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-including Fixed Equipment. (See I	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line Depreciation		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12H, Carried Forward		\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
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17								17
18								18
19								19
20								20
21								21
22								22
23								23 24
24 25								25
								26
26 27								27
28							-	28
28 29							-	29
30								30
31								31
32	_			-	-	-		32
33	_			-	-	-		33
34 TOTAL (lines 1 thru 33)		\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

0040428 Report Period Beginning:

nning: 01/01/04 Ending:

Page 12J 12/31/04

1	3		4		5	6	7		8	9	
	Year				urrent Book	Life	Straight Line	e		Accumulated	
Improvement Type**	Constructed		Cost	D	epreciation	in Years	Depreciation	ı	Adjustments	Depreciation	
1 Totals from Page 12I, Carried Forward		\$	6,443,803	\$	95,282		\$ 48,561		\$ (46,721)	\$ 2,342,43	9 1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
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18											18 19
20											20
21											21
22											22
23											23
24	+										24
25	+										25
26	+										26
27	+										27
28		+									28
29		+									29
30	1			+				_			30
31	1			+				_			31
32	1										32
33	1										33
34 TOTAL (lines 1 thru 33)		\$	6,443,803	\$	95,282		\$ 48,561		\$ (46,721)	\$ 2,342,43	39 34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12K 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-Including Fixed Equipment	3	4	5	6	7	8	9	\neg
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
1 Totals from Page 12J, Carried Forward		\$ 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	1
2		, ,	,		·	` '		2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
17								16 17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33		0 6 442 002	0.5.000		0 40 761	(46 521)	2 2 42 420	33
34 TOTAL (lines 1 thru 33)	1	s 6,443,803	\$ 95,282		\$ 48,561	\$ (46,721)	\$ 2,342,439	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12-BLDG 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

	D. Dulluli	ig Depreciation-Including Fixed Eq	uipinent. (See insti	Tuctions.) Roun	u an numbers to			. 7	. 0		
	1	EOD OHE LICE ONLY	2	3	4	5	6	C 1. I.	8	9	
		FOR OHF USE ONLY	Year	Year	_	Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4	203		1993		\$ 5,445,30	6 \$ 15,921	35	\$	\$ (15,921)	\$ 2,064,884	4
5											5
6											6
7											7
8											8
	Impro	vement Type**									_
9	•	••					1		1		9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27 28
28 29											28
30											30
31											31
32				-			+	-	 		32
33				-			+	-	 		33
34							+	 	 		34
35							+	 	 		35
36				1			+	1	1		36
50				1			1	1	1	1	30

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-BLDG 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-Including Fixed Equipment. (See inst	3	4	5	6	7	8	9	
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56 57								56 57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66			<u> </u>	†				66
67				 	1		<u> </u>	67
68				†	<u> </u>		<u> </u>	68
69								69
70 TOTAL (lines 4 thru 69)		s 5,445,3	606 \$ 15,921		s	\$ (15,921)	\$ 2,064,884	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12-REP 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment, (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

	D. Dullu	ing Depreciation-Including Fixed Equip	ment. (See instr	uctions.) Roun	a an numbers to near	est donar.					
	1		2	3	4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4	Alloc SIR P	roperties - SIR Management		1993	s 24,910	\$ 791	35	s 712	\$ (79)	\$ 8,185	4
5	Aloc SIR Pi	operties - Preferred Bookkeeping		1993	14,436	458	35	412	(46)	4,743	5
6											6
7											7
8											8
	Impr	ovement Type**									
9											9
		okkeeping Allocation		1997	18,029	404	20	901	497	7,039	10
		okkeeping Allocation		1999	143	-	20	7	7	39	11
12	Prefered Bo	okkeeping Allocation		2000	904	-	20	45	(45)	200	12
13											13
	SIR Manag			1993	10,699	298	20	530	232	6,366	14
	SIR Manag			1994	33	-	20	2	2	33	15
	SIR Manag			1995	245	-	20	12	12	115	16
	SIR Manag			1999	1,162	-	20	58	58	303	17
	SIR Manag	ement		2000	702	-	20	35	35	165	18
19											19
		ties - Preferred Bookkeeping		2002	57	-	20	3	3	7	20
		ties - Preferred Bookkeeping		1999	1,829	183	20	91	(92)	503	21
		ties - Preferred Bookkeeping		1998	874	87	20	44	(43)	284	22
		ties - Preferred Bookkeeping		1997	54	5	20	3	(2)	23	23
		ties - Preferred Bookkeeping		1994	137	4	20	7	3	72	24
	SIR Proper	ties - Preferred Bookkeeping		1993	234	1	20	12	11	135	25
26											26
		ties - SIR Management		2002	99	-	20	5	5	12	27
		ties - SIR Management		1999	3,156	316	20	158	(158)	868	28
		ties - SIR Management		1998	1,508	151	20	75	(76)	490	29
		ties - SIR Management	·	1997	94	9	20	5	(4)	40	30
	SIR Proper	ties - SIR Management		1994	237	6	20	12	6	124	31
32			·	1993	404	2	20	20	18	232	32
33		•									33
34		•									34
35											35
36											36

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-REP 12/31/04 Facility Name & ID Number Maplewood Care # 004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar. # 0040428 Report Period Beginning: 01/01/04 Ending:

B. Building Depreciation-Including Fixed Equip	3	4	5	6	7	8	9	\neg
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Straight Line Depreciation	Adjustments	Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51 52								51 52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 79,946	\$ 2,715		\$ 3,149	\$ 344	\$ 29,978	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

ST	ATE	OF	ш	LINOIS	

Page 13 0040428 **Report Period Beginning:** 01/01/04 12/31/04 Facility Name & ID Number **Maplewood Care Ending:**

XI. OWNERSHIP COSTS (continued)

C. Equipment De	preciation-Excluding	Transportation.	(See instructions.)

	Category of	ĺ	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 81,324	\$ 1,674	\$ 4,812	\$ 3,138	10	\$ 55,908	71
72	Current Year Purchases	8,535	110	381	271	10	381	72
73	Fully Depreciated Assets	37				10	37	73
74								74
75	TOTALS	\$ 89,896	\$ 1,784	\$ 5,193	\$ 3,409		\$ 56,326	75

D. Vehicle Depreciation (See instructions.)*

	1	Model, Make	Year	4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

F. Summary of Care-Related Assets

Accumulated Depreciation

	E. Summary of Care-Related Assets	1	2		
		Reference	Amount		ı
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,796,178	81	ı
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 97,066	82	ı
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 53,754	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (43,312)	84	ı

(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

2,398,765

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

This must agree with Schedule V line 30, column 8.

Faci	lity Name & II) Number	Maplewood Care			#	0040428	Re	eport Perio	od Beginning:	01/01/04	Ending:	12/31/04
XII.	1. Name of P 2. Does the f	nd Fixed Equipm Party Holding Le	nent (See instructions.) ease: N/A real estate taxes in addi		mount shown below on	line 7	/, column 4?]NO		-			
		1	2	3	4		5	6		1			
		Year	Number	Original	Rental		Total Years	Total Year					
		Constructed	of Beds	Lease Date	Amount		of Lease	Renewal Opti	ion*				
	Original										ve dates of currer	it rental agreen	nent:
3	Building:			\$					3	Beginni	ng		
4	Additions								4	Ending			
5									5	<u> </u>			
6									6	- 	be paid in future	e years under tl	ne current
7	TOTAL								7	rental a	agreement:		
	This amou by the len 9. Option to B. Equipment 15. Is Movat	int was calculate gth of the lease Buy: t-Excluding Trai ble equipment re	ization of lease expense ed by dividing the total YES X Insportation and Fixed leater included in building	amount to be a NO T Equipment. (Sent sent sent sent sent sent sent sent s	mortized Terms: e instructions.)		**]NO		Fiscal Y 12. 13. 14.	/2005 /2006 /2007	Annual Re	nt
	16. Rental A	mount for mova	able equipment: \$	8,952	Description:	See	Attached Schedule						
							(Attach a schedu	e detailing the i	breakdowi	n of movable equi	ipment)		
	C. Vehicle Re	ntal (See instruc		T		_							
	1		2 Model Year	M	3 onthly Lease		4 Rental Expense						
	Use		and Make	17.1	Payment		for this Period			* If the	ere is an option to	buy the buildi	nσ
17	Facility	200	1 Chevy Express Van	S	339.97	s	3,690	17			e provide comple	•	0,
18		200	= 0.10 · j =pr 0.00 · till	-		-	2,000	18		sched			
19								19					
20							1999	20		** This	amount plus any	amortization o	<u>f lease</u>
21	TOTAL			\$	339.97	\$	3,690	21		exper	nse must agree wi	th page 4, line	34.

STATE OF ILLINOIS

Page 14

expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

			S	STATE OF ILLI	NOIS					Page 15
	Name & ID Number Maplewood Care				#	0040428	Report Period Beginning:	01/01/04	Ending:	12/31/04
XIII. EX	PENSES RELATING TO NURSE AIDE TRAINING	G PROGRAMS (See in	structions.)							
A.	TYPE OF TRAINING PROGRAM (If aides are trai	ned in another facility	program, attach a	schedule listing t	he facility	name, addres	ss and cost per aide trained in the	nat facility.)		
							-			
	1. HAVE YOU TRAINED AIDES	YES 2.	CLASSROOM	PORTION:			3. CLINICAL PO	RTION:		
	DURING THIS REPORT								_	
	PERIOD?	X NO	IN-HOUSE PR	ROGRAM			IN-HOUSE PR	OGRAM		
		 ,								
			IN OTHER FA	CILITY			IN OTHER FA	CILITY		
	If "yes", please complete the remainder								•	
	of this schedule. If "no", provide an		COMMUNITY	COLLEGE			HOURS PER A	AIDE		
	explanation as to why this training was									
	not necessary.		HOURS PER A	AIDE						
В.	EXPENSES						C. CONTRACTUAL II	NCOME		
		ALLOCATI	ON OF COSTS	(d)						
				. ,			In the box belo	w record the a	mount of in	ncome vour
		1	2	3		4	facility received			
		Fa	cility				7	Ü		
		Drop-outs	Completed	Contract		Total	\$			
1	Community College Tuition	\$	\$	\$	\$		<u>-</u>		-	
2	Books and Supplies						D. NUMBER OF AIDE	S TRAINED		
3	Classroom Wages (a)									
4	Clinical Wages (b)						COMPLET	ΓED		
5	In-House Trainer Wages (c)						1. From this fac	cility		
6	Transportation						2. From other f	acilities (f)		
7	Contractual Payments						DROP-OU	TS		
8								474		
	Nurse Aide Competency Tests						1. From this fac	cility		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(e)

SUM OF line 9, col. 1 and 2

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

TOTAL TRAINED

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	(Control of the Control 1	2	3	4	5	6	7	8		
		Schedule V	Staf	f	Outsid	le Practitioner	Supplies			
	Service	Line & Column	Units of	Cost	(other t	han consultant)	(Actual or)	Total Units	Total Cost	
		Reference	Service		Units	Cost	Allocated)	(Column 2 + 4)	(Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 23,656	\$		\$ 23,656	1
	Licensed Speech and Language									
2	Development Therapist	39 - 03	hrs			266			266	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			9,719			9,719	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
			# of							
9	Pharmacy	39 - 02	prescrpts				30,140		30,140	9
	Psychological Services									
	(Evaluation and Diagnosis/									
10	Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39 - 02					4,459		4,459	12
13	Other (specify): See Supplemental					99	13,659		13,758	13
14	TOTAL			\$		\$ 33,740	\$ 48,258		\$ 81,998	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Report Period Beginning: 01/01/04

As of 12/31/04 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1			2 After	
		0	perating	(Consolidation*	
	A. Current Assets					
1	Cash on Hand and in Banks	\$	45,347	\$	45,348	1
2	Cash-Patient Deposits		41,332		41,332	2
	Accounts & Short-Term Notes Receivable-					
3	Patients (less allowance		875,102		875,102	3
4	Supply Inventory (priced at)					4
5	Short-Term Investments					5
6	Prepaid Insurance		23,323		23,323	6
7	Other Prepaid Expenses		3,557		48,203	7
8	Accounts Receivable (owners or related parties)		20,300		20,300	8
9	Other(specify): See Attached Schedule				22,340	9
	TOTAL Current Assets					
10	(sum of lines 1 thru 9)	\$	1,008,961	\$	1,075,948	10
	B. Long-Term Assets					
11	Long-Term Notes Receivable					11
12	Long-Term Investments					12
13	Land				517,253	13
14	Buildings, at Historical Cost				2,518,622	14
15	Leasehold Improvements, at Historical Cost		582,981		582,981	15
16	Equipment, at Historical Cost		745,019		1,354,019	16
17	Accumulated Depreciation (book methods)		(784,448)		(3,458,332)	17
18	Deferred Charges					18
19	Organization & Pre-Operating Costs				29,997	19
	Accumulated Amortization -					
20	Organization & Pre-Operating Costs					20
21	Restricted Funds					21
22	Other Long-Term Assets (specify):					22
23	Other(specify): See Attached Schedule		647,463		647,463	23
	TOTAL Long-Term Assets					
24	(sum of lines 11 thru 23)	\$	1,191,015	\$	2,192,003	24
			•		•	
	TOTAL ASSETS					
25	(sum of lines 10 and 24)	\$	2,199,976	\$	3,267,951	25

		1 O _l	erating	2 After Consolidation*	
	C. Current Liabilities				
26	Accounts Payable	\$	117,200	\$ 117,200	26
27	Officer's Accounts Payable				27
28	Accounts Payable-Patient Deposits		40,649	40,649	28
29	Short-Term Notes Payable		2,505,000	2,505,000	29
30	Accrued Salaries Payable		152,658	152,658	30
	Accrued Taxes Payable				
31	(excluding real estate taxes)		14,966	14,966	31
32	Accrued Real Estate Taxes(Sch.IX-B)			103,800	32
33	Accrued Interest Payable		4,404	(87,552)	33
34	Deferred Compensation				34
35	Federal and State Income Taxes				35
	Other Current Liabilities(specify):				
36	See Attached Schedule		6,087	4,258,462	36
37					37
	TOTAL Current Liabilities				
38	(sum of lines 26 thru 37)	\$	2,840,964	\$ 7,105,183	38
	D. Long-Term Liabilities				
39	Long-Term Notes Payable				39
40	Mortgage Payable				40
41	Bonds Payable				41
42	Deferred Compensation				42
	Other Long-Term Liabilities(specify):				
43	See Attached Schedule				43
44					44
	TOTAL Long-Term Liabilities				
45	(sum of lines 39 thru 44)	\$		\$	45
	TOTAL LIABILITIES				
46	(sum of lines 38 and 45)	\$	2,840,964	\$ 7,105,183	46
	,				
47	TOTAL EQUITY(page 18, line 24)	\$	(640,988)	\$ (3,837,232)	47
	TOTAL LIABILITIES AND EQUITY				
48	(sum of lines 46 and 47)	\$	2,199,976	\$ 3,267,951	48

Page 17 12/31/04

Ending:

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

0040428

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^{*} This must agree with page 17, line 47.

Report Period Beginning: 01/01/04

Ending:

Page 19 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

- 1			

	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue All Levels of Care	\$ 5,726,081	1
2	Discounts and Allowances for all Levels	12,061	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,738,142	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	102,380	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 102,380	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	28,830	17
18	Sale of Supplies to Non-Patients	•	18
19	Laboratory	4,174	19
20	Radiology and X-Ray	2,711	20
21	Other Medical Services	18,144	21
22	Laundry	•	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 53,859	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule		28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,894,381	30

		Z	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,189,841	31
32	Health Care	2,694,305	32
33	General Administration	1,298,220	33
	B. Capital Expense		
34	Ownership	811,960	34
	C. Ancillary Expense		
35	Special Cost Centers	81,998	35
36	Provider Participation Fee	111,448	36
	D. Other Expenses (specify):		
37	• • • • • • • • • • • • • • • • • • • •		37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,187,772	40
41	Income before Income Taxes (line 30 minus line 40)**	(293,391)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (293,391)	43

- * This must agree with page 4, line 45, column 4.
- ** Does this agree with taxable income (loss) per Federal Income
 Tax Return? Cash Basis If not, please attach a reconciliation.
- *** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT
- ****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

2

Hoffirs		1	2**	3	4				
Norted Name		# of Hrs.	# of Hrs.	Reporting Period	Average				Nu
1 Director of Nursing 1,817 2,170 5 68,452 5 31,54 1 2 2 2 3 5 4 1 2 2 2 3 3 6 3,509 88,801 25,31 2 3 3 6 6 6 1 4 1 2 4 2 3 3 6 6 1 4 1 2 4 2 3 3 6 6 1 4 1 2 4 2 3 3 6 6 1 4 1 2 4 2 3 3 6 6 1 4 1 2 4 2 3 3 6 6 1 4 1 2 4 2 2 3 3 6 6 1 4 1 2 4 2 2 3 3 6 6 1 4 2 2 2 2 2 2 2 2 2		Actually	Paid and	Total Salaries,	Hourly				of
Director of Nursing		Worked	Accrued	Wages	Wage				Pa
3 Registered Nurses	1 Director of Nursing	1,817	2,170		\$ 31.54	1			Ac
4 Licensed Practical Nurses 2,511 2,656 60,839 22.91 4 5 Nurse Aides & Orderlies 71,681 73,800 799,905 10.84 5 6 6 71,681 73,800 799,905 10.84 5 7 7 7 7 7 7 7 7 7	2 Assistant Director of Nursing	3,091	3,509	88,801	25.31	2	3:	5 Dietary Consultant	Mon
5 Nurse Aides & Orderlies 71,681 73,800 799,905 10.84 5 6 Nurse Aide Trainees 6 7 7 Licensed Therapist 7 8 Rehab/Therapy Aides 9,842 10,369 103,443 9,98 8 9 Activity Director 1,874 2,091 29,068 13,90 9 10 Activity Assistants 8,093 8,408 63,651 7,57 10 3 Food Service Workers 156,466 11 2 Dietician 12 Dietician 13 Food Service Supervisor 1,826 2,091 43,215 20,67 13 14 Head Cook 1,566 1,712 12,861 7,51 14 15 Cook Helpers/Assistants 22,079 23,556 169,642 7,20 15 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Dishwashers 17 Maintenance Workers 3,137 3,784 60,726 16.05 17 19 Laundry 6,974 7,459 52,806 7,08 19 20 Administrator 1,906 2,091 56,916 27,22 20 21 Assistant Administrator 1,908 1,098 500 0.46 21 22 Other Administrator 1,908 1,098 500 0.46 21 23 Office Manager 22 24 Clerical 15,387 15,272 181,799 11,90 24 25 Vocational Instruction 26 27 26 Academic Instruction 27 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 28 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18,55 31 32 Other Health Care(specify) 35,36 3,536 9,723 2,75 33	3 Registered Nurses	23,682	25,146	611,491	24.32	3	30	6 Medical Director	Mon
6 Nurse Aide Trainees 6 7 Licensed Therapist 9,842 10,369 103,443 9,98 8 9 Activity Director 1,874 2,091 29,068 13,90 9 44 10 Coupational Therapy Consultant 11 Social Service Workers 8,093 8,408 63,651 7,57 10 12 Dietician 12 15 God Service Supervisor 1,826 2,091 43,215 20,67 13 14 Head Cook 1,566 1,712 12,861 7,51 14 46 Otherspecify 44 Activity Consultant 15 Cook Helpers/Assistants 22,079 23,556 169,642 7,20 15 48 Psycho Social 48 Psycho Social 17 Maintenance Workers 3,137 3,784 60,726 16,05 17 48 Psycho Social 49 TOTAL (lines 35 - 48) 18 Housekeepers 26,539 2,8258 194,944 6,90 18 49 TOTAL (lines 35 - 48) 20 Other Administrator 1,906 2,091 56,916 27,22 20 21 Medical Director	4 Licensed Practical Nurses	2,511	2,656	60,839	22.91	4	3'	7 Medical Records Consultant	
7	5 Nurse Aides & Orderlies	71,681	73,800	799,905	10.84	5	38	8 Nurse Consultant	Mon
8 Rehab/Therapy Aides 9,842 10,369 103,443 9.98 8 9 Activity Director 1,874 2,091 29,068 13,90 9 10 Activity Assistants 8,093 8,408 63,651 7.57 10 11 Social Service Workers 156,466 11 43 Speech Therapy Consultant 12 Dictician 12 12 12 12 13 Food Service Supervisor 1,826 2,091 43,215 20,67 13 15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers 16 16 Dishwashers 16 16 Dishwashers 16 16 Dishwashers 16 16 Dishwashers 17 Dir of Food Service 20 Administrator 1,996 2,091 55,916 27.22 20 21 Assistant Administrator 1,996 2,091 56,916 27.22 20	6 Nurse Aide Trainees					6	39	9 Pharmacist Consultant	
9 Activity Director 1,874 2,091 29,068 13.90 9 10 Activity Assistants 8,093 8,408 63,651 7.57 10 11 Social Service Workers 156,466 111 12 Dietician 12 Dietician 12 12,861 7.51 14 13 Food Service Supervisor 1,826 2,091 43,215 20,67 13 14 Head Cook 1,566 1,712 12,861 7.51 14 15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers 16 17 Maintenance Workers 3,137 3,784 60,726 16.05 17 18 Housekeepers 26,539 28,258 194,944 6.90 18 19 Laundry 6,974 7,459 52,806 7.08 19 20 Administrator 1,906 2,091 56,916 27,22 20 21 Assistant Administrator 1,098 1,098 500 0.46 21 22 Other Administrative 22 23 23 Office Manager 22 24 Clerical 15,387 15,272 181,799 11.90 24 25 Vocational Instruction 26 26 26 Academic Instruction 27 28 Qualified MR Prof. (QMRP) 28 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 36,364 9,723 2.75 33 33 Other Health Care(specify) 36,364 9,723 2.75 33	7 Licensed Therapist					7	40	0 Physical Therapy Consultant	Mon
10 Activity Assistants 8,093 8,408 63,651 7.57 10 11 Social Service Workers 156,466 11 12 Dietician 12 12 Dietician 12 13 Food Service Supervisor 1,826 2,091 43,215 20.67 13 14 Head Cook 1,566 1,712 12,861 7.51 14 15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Dishwashers 16 Dishwashers 26,539 28,258 194,944 6.90 18 Psycho Social 19 Laundry 6,974 7,459 52,806 7.08 19 20 Administrator 1,906 2,091 56,916 27.22 20 22 Other Administrator 1,098 1,098 500 0.46 21 22 22 22 23 Office Manager 23 Office Manager 24 Clerical 15,387 15,272 181,799 11.90 24 25 Vocational Instruction 26 Academic Instruction 26 Academic Instruction 26 Academic Services Coordinator 29 Resident Services Coordinator 29 Resident Services Coordinator 29 Resident Services Coordinator 30 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) See Supplemental 3,536 3,536 9,723 2.75 33	8 Rehab/Therapy Aides	9,842	10,369	103,443	9.98	8	4	1 Occupational Therapy Consultant	Mon
11 Social Service Workers 156,466 11 12 Dictician 12 Dictician 12 Dictician 12 Dictician 13 Food Service Supervisor 1,826 2,091 43,215 20.67 13 14 Head Cook 1,566 1,712 12,861 7.51 14 15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dishwashers 18 Dis	9 Activity Director	1,874	2,091	29,068	13.90	9	42	2 Respiratory Therapy Consultant	
12 Dictician 1,826 2,091 43,215 20,67 13 14 Head Cook 1,566 1,712 12,861 7.51 14 15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers 16 I7 Maintenance Workers 3,137 3,784 60,726 16.05 17 18 Housekeepers 26,539 28,258 194,944 6.90 18 19 Laundry 6,974 7,459 52,806 7.08 19 20 Administrator 1,906 2,091 56,916 27.22 20 21 Assistant Administrator 1,098 1,098 500 0.46 21 22 23 Office Manager 23 Office Manager 23 Office Manager 24 Clerical 15,387 15,272 181,799 11.90 24 24 25 Vocational Instruction 26 Academic Instruction 26 Academic Instruction 27 Medical Director 27 Medical Director 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other (specify) See Supplemental 3,536 3,536 9,723 2.75 33 Administrator 3,536 3,536 9,723 2.75 33 Administrator 3,536 3,536 9,723 2.75 33 Administrator 3,536 3,536 3,536 9,723 2.75 33 Administrator 3,536 3,536 3,536 9,723 2.75 33 Administrator 3,536 3,536 3,536 9,723 2.75 33 Administrator 3,536 3,	10 Activity Assistants	8,093	8,408	63,651	7.57	10	4.	3 Speech Therapy Consultant	
13 Food Service Supervisor 1,826 2,091 43,215 20.67 13 14 Head Cook 1,566 1,712 12,861 7.51 14 15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers 16 17 Maintenance Workers 3,137 3,784 60,726 16.05 17 18 Housekeepers 26,539 28,258 194,944 6.90 18 19 Laundry 6,974 7,459 52,806 7.08 19 19 19 19 19 19 19 1	11 Social Service Workers			156,466		11	4	4 Activity Consultant	
14 Head Cook	12 Dietician					12	4:	5 Social Service Consultant	
15 Cook Helpers/Assistants 22,079 23,556 169,642 7.20 15 16 Dishwashers	13 Food Service Supervisor	1,826	2,091	43,215	20.67	13	40	6 Other(specify)	
16 Dishwashers 16 17 Maintenance Workers 3,137 3,784 60,726 16.05 17 18 Housekeepers 26,539 28,258 194,944 6,90 18 19 Laundry 6,974 7,459 52,806 7.08 19 19 19 19 19 19 19 1	14 Head Cook	1,566	1,712	12,861	7.51	14	4	7 Dir of Food Service	Mon
16 Dishwashers 16 17 Maintenance Workers 3,137 3,784 60,726 16.05 17 18 Housekeepers 26,539 28,258 194,944 6,90 18 19 Laundry 6,974 7,459 52,806 7.08 19 19 19 19 19 19 19 1	15 Cook Helpers/Assistants	22,079	23,556	169,642	7.20	15	48	8 Psycho Social	
18 Housekeepers 26,539 28,258 194,944 6.90 18 19 Laundry 6,974 7,459 52,806 7.08 19 20 Administrator 1,906 2,091 56,916 27.22 20 21 Assistant Administrator 1,098 1,098 500 0.46 21 22 22 23 24 Clerical 15,387 15,272 181,799 11.90 24 25 Vocational Instruction 25 25 Vocational Instruction 26 Academic Instruction 27 Medical Director 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other (specify) See Supplemental 3,536 3,536 9,723 2.75 33 30 33 Other (specify) See Supplemental 3,536 3,536 9,723 2.75 33 3 3 3 3 3 3 3 3			Ź	,		16			
19 Laundry	17 Maintenance Workers	3,137	3,784	60,726	16.05	17	49	9 TOTAL (lines 35 - 48)	
20 Administrator	18 Housekeepers	26,539	28,258	194,944	6.90	18		,	
21 Assistant Administrator 1,098 1,098 500 0.46 21	19 Laundry	6,974	7,459	52,806	7.08	19			
22 Other Administrative 22 23 Office Manager 23 24 Clerical 15,387 15,272 181,799 11.90 24 25 Vocational Instruction 25 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other (specify) 50 See Supplemental 3,536 3,536 9,723 2.75 33 3 Other (specify) 50 See Supplemental 3,536 3,536 9,723 2.75 33 3 3 3 3 3 3 3 3	20 Administrator	1,906	2,091	56,916	27.22	20			
23 Office Manager 23 24 Clerical 15,387 15,272 181,799 11.90 24 25 Vocational Instruction 25 26 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other (specify) 5ee Supplemental 3,536 3,536 9,723 2.75 33 Supplemental 3,536 3,536 3,536 9,723 2.75 33 Supplemental 3,536 3,53	21 Assistant Administrator	1,098	1,098	500	0.46	21	C.	CONTRACT NURSES	
24 Clerical 15,387 15,272 181,799 11.90 24 25 Vocational Instruction 25 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33	22 Other Administrative	,	ĺ			22			
25 Vocational Instruction 25 26 Academic Instruction 26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33 See Supplemental 3,536	23 Office Manager					23			Nu
26 Academic Instruction 26 27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 9,723 2.75 33	24 Clerical	15,387	15,272	181,799	11.90	24			of
27 Medical Director 27 28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33	25 Vocational Instruction	,	ĺ	,		25			Pa
28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 9,723 2.75 33	26 Academic Instruction					26			Ac
28 Qualified MR Prof. (QMRP) 28 29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30 31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) 50 32 32 33 3,536 9,723 2.75 33	27 Medical Director					27	50	0 Registered Nurses	
29 Resident Services Coordinator 29 30 Habilitation Aides (DD Homes) 30	28 Qualified MR Prof. (QMRP)					28			
31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33						29			
31 Medical Records 4,174 4,551 84,399 18.55 31 32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33	30 Habilitation Aides (DD Homes)					30			
32 Other Health Care(specify) 32 33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33		4,174	4,551	84,399	18.55	31	5.	3 TOTAL (lines 50 - 52)	
33 Other(specify) See Supplemental 3,536 3,536 9,723 2.75 33			,	- /					- 1
34 TOTAL (lines 1 - 33) 210,813 221,557 \$ 2,849,647 * \$ 12.86 34 SEE ACCOUNTANTS' COMPILATION REF		3,536	3,536	9,723	2.75				
	34 TOTAL (lines 1 - 33)	210,813	221,557	s 2,849,647 *	\$ 12.86	34	SEE AC	COUNTANTS' COMPILATION REI	PORT

B. CONSULTANT SERVICES

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant	Monthly	s 13,200	01-03	35
36	Medical Director	Monthly	6,000	09-03	36
37	Medical Records Consultant	96	4,128	10-03	37
38	Nurse Consultant	Monthly	40,200	10-03	38
39	Pharmacist Consultant	51	3,075	10-03	39
40	Physical Therapy Consultant	Monthly	12,442	10a-03	40
41	Occupational Therapy Consultant	Monthly	1,886	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	82	2,856	11-03	44
45	Social Service Consultant	86	4,716	12-03	45
46	Other(specify)				46
47	Dir of Food Service	Monthly	20,712	01-03	47
48	Psycho Social	150	7,200	12-03	48
49	TOTAL (lines 35 - 48)	465	s 116,415		49

C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses	9,531	\$ 428,903	10-03	50
51	Licensed Practical Nurses				51
52	Nurse Aides	98	2,448	10-03	52
53	TOTAL (lines 50 - 52)	9,629	\$ 431,351		53

^{*} This total must agree with page 4, column 1, line 45.

^{**} See instructions.

STATE	OF	ш	INO	T

N. S. UPPORT SCHEDULES						STA	ATE OF ILLINOIS					Pa	ge 21
A.Administrative Salaries Ownership Name Name Function % Amount Name Lloyd Administrative 0 \$ 57,416 Workers' Compensation Insurance \$ 40,235 Advertising: Employee Reruitment 19,55	Facility Name & ID Number					#_ 004	40428	Repo	ort Period Beg	inning:	01/01/04	Ending:	12/31/04
Name		•											
See Supplement Schedule Name Na				ip								nd Promotion	
		Function	%										Amount
FICA Taxes	Jamie Lloyd	Administrator	0	\$_	57,416			\$_					
Employee Health Insurance Employee Health Insurance 46,527 Indicate # of checks performed 9 7.						1 3 1	ation Insurance						19,578
Employee Meals													
Illinois Municipal Retirement Fund (IMRF)* Liceases & Permits 8.97						_ X V	ice			`		d <u>19</u>)	736
Employee Benefits 4.235 Advertising & Promotion 6.88 Allocation Preferred Bookkeeping Provinces Vendor/Payee Type General Schedule V, line 17, col. 3) It is dearb licensed administrator separately.) \$ 57,416 Description Amount Nacillary Administrative-SIR Management \$ 45,648 Sir Management \$ 52,584 Sir Management \$ 43,200 Sir Management \$ 43,200 Sir Management \$ 52,584 Sir Management \$						1 2			31,128				6,232
Amount State Amou							nent Fund (IMRF)*						8,970
List each licensed administrator separately.) 3. Administrative - Other Description						Employee Benefits			4,235				6,853
Administrative - Other Description Ancillary Administrative-SIR Management Accillary Administrative-SIR Management Accillary Administrative-SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management Accillary Administrative Services - SIR Management - Six Administrative Services - SIR Management - Six Administrative Services - SIR Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Management - Six Administrative Services - Six Administrative Services - Six Administrative Services - Six Administrative Six Administrative Services - Six Administrative Six Administrative Services - Six Administrative Services -	(8	, ,				401K Contributions		_	3,688			ing	203
Description Amount Nncillary Administrative-SIR Management S	(List each licensed administrate	tor separately.)		\$	57,416					Allocation SI	R Management		192
Description Ancillary Administrative-SIR Management S	B. Administrative - Other		·										
Ancillary Administrative-SIR Management \$ 45,648										Less: Publi	c Relations Expens	se (
Director of Administrative Services - SIR Management	Description				Amount			_		Non-a	llowable advertisi	ng	(6,853)
Director of Administrative Services - SIR Management	Ancillary Administrative-SIR	Management		\$	45,648			_		Yellov	v page advertising	(
COTAL (agree to Schedule V, line 17, col. 3) S 75,552 E. Schedule of Non-Cash Compensation Paid to Owners or Employees Computer Services Type Amount Preferred Bookkeeping Bookkeeping Services S 73,080 S Control of Paid Str. Management Director of Reg Services 16,440 StR Management Personnel Planners 1,117 In-State Travel In-State Travel Perferred Bookkeeping Accounting 27,300 Software Support 1,320 CS Solutions Software Support 1,320 CS Solutions Website 209 Seminar Expense 4,550 Allocation Preferred Bookkeeping 10 (TAL (agree to Schedule V, line 19, column 3) TOTAL S Entertainment Expense (Intertainment Exp					25,584								
FOTAL (agree to Schedule V, line 17, col. 3) Attach a copy of any management service agreement) C. Professional Services Vendor/Payce Type Amount Preferred Bookkeeping Bookkeeping Services ST3,080 SIR Management Director of Reg Services SIR Management Personnel Planners SIR Management Perferred Bookkeeping Accountin	SIR Management Fes				4,320	TOTAL (agree to Schedu	ıle V,	\$	367,290	·	ΓΟΤΑL (agree to S	Sch. V, \$	35,911
Attach a copy of any management service agreement) C. Professional Services Vendor/Payee Type Preferred Bookkeeping Bookkeeping Services \$ 73,080 SIR Management Director of Reg Services 16,440 SIR Management Personnel Planners 1,117 SIR Management Personnel Planners 1,117 SIR Management 27,300 SAS Architects Architect 640 LTC Solutions Software Support 1,320 CS Solutions Website 209 EVEN Service Valuation Services 2,500 Service Valuation Services 28,941 See Supplemetal Schedule 28,941 TOTAL (agree to Schedule V, line 19, column 3) to Owners or Employees Description Amount Description Line # Amount Description Line # Amount Description Amount Dut-of-State Travel Secure Amount Amount Description Amount Description Amount Description Amount Amount Description Amount Amount Description Amount Amount Description Amount Amount Description Amount Amount Description Amount Amount Description Amount Amount Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-State Travel Dut-of-St						line 22, col.8)		_			line 20, col	. 8)	
C. Professional Services Vendor/Payee Type Amount Vendor/Payee Type Out-of-State Travel S Preferred Bookkeeping Bookkeeping Services \$ 73,080 Preferred Bookkeeping Computer Services 4,872 SIR Management Director of Reg Services 16,440 SIR Management Personnel Planners 1,1117 Preferred Bookkeeping Accounting 27,300 SAS Architects Architect 640 LTC Solutions Software Support 1,320 CCS Solutions Website 209 PVS Service Valuation Services 2,500 PVS Service Valuation Services 28,941 See Supplemental Schedule TOTAL (agree to Schedule V, line 19, column 3) Description Amount Amount Amount Amount Posseription Amount Posseries Amount Posseription Amount Posseries Amount Posseription Amount Posseries Amount Po	TOTAL (agree to Schedule V,	line 17, col. 3)		\$	75,552	E. Schedule of Non-Cash	Compensation Paid			G. Schedule	of Travel and Sem	inar**	
Vendor/Payee Type Amount Preferred Bookkeeping Bookkeeping Services \$ 73,080	(Attach a copy of any manager	ment service agreement)		=		to Owners or Employe	es						
Preferred Bookkeeping Bookkeeping Services \$ 73,080	C. Professional Services	,				7					Description		Amount
Preferred Bookkeeping Bookkeeping Services \$ 73,080	Vendor/Pavee	Type			Amount	Description	Line#		Amount		•		
Perferred Bookkeeping Computer Services 4,872 SIR Management Director of Reg Services 16,440 SIR Management Personnel Planners 1,117 Preferred Bookkeeping Accounting 27,300 SAS Architects Architect 640 LTC Solutions Software Support 1,320 CCS Solutions Website 209 VS Service Valuation Services 2,500 FR&R Accounting 13,980 See Supplemental Schedule FOTAL (agree to Schedule V, line 19, column 3) TOTAL S In-State Travel See Supplemental Schedule Accounting 27,300 See Supplemental Schedule Entertainment Expense (Instate Travel Allocation State Travel See Supplemental Schedule Entertainment Expense (Instate Travel See Supplemental Schedule Entertainment Expense (Instate Travel See Supplemental Schedule Entertainment Expense (Instate Travel See Supplemental Schedule Entertainment Expense (Instate Travel See Supplemental Schedule Entertainment Expense (Instate Travel See Supplemental Schedule Entertainment Expense (Instate Travel See Supplemental Schedule (Preferred Bookkeeping		vices	\$	73,080	•		\$		Out-of-State	Travel	\$	
SIR Management Director of Reg Services 16,440 SIR Management Personnel Planners 1,117 Preferred Bookkeeping Accounting 27,300 SAS Architects Architect 640 LTC Solutions Software Support 1,320 CCS Solutions Website 209 Service Valuation Services 2,500 FR&R Accounting 13,980 See Supplemental Schedule Schedule V, line 19, column 3) Entertainment Expense (Entertainment Expense (Instate Travel In-State Travel See Seminar Expense Accounting 4,50 Allocation Preferred Bookkeeping 10 Allocation SIR Management 25 Entertainment Expense (Instate Travel See Supplemental Schedule Schedule V, line 19, column 3)								- '-					
SIR Management Personnel Planners 1,117 Preferred Bookkeeping Accounting 27,300 SAS Architects Architect 640 LTC Solutions Software Support 1,320 CCS Solutions Website 209 Service Valuation Services 2,500 FR&R Accounting 13,980 See Supplemental Schedule 28,941 TOTAL (agree to Schedule V, line 19, column 3) In-State Travel Seminar Expense Allocation Preferred Bookkeeping 10 Allocation Preferred Bookkeeping 10 Allocation SIR Management 20 Entertainment Expense (agree to Sch. V,	SIR Management												
Preferred Bookkeeping Accounting 27,300 SAS Architects Architect 640 LTC Solutions Software Support 1,320 CCS Solutions Website 209 Seminar Expense 4,500 PVS Service Valuation Services 2,500 FR&R Accounting 13,980 See Supplemetal Schedule TOTAL (agree to Schedule V, line 19, column 3) TOTAL S Entertainment Expense (agree to Sch. V,	SIR Management									In-State Tra	vel		
SAS Architects Architect 640 LTC Solutions Software Support 1,320 CCS Solutions Website 209 Seminar Expense 4,50 PVS Service Valuation Services 2,500 FR&R Accounting 13,980 See Supplemetal Schedule TOTAL (agree to Schedule V, line 19, column 3) TOTAL S Entertainment Expense (agree to Sch. V,	9						 -						
TCC Solutions Software Support 1,320 CCS Solutions Website 209 Seminar Expense 4,50 Allocation Preferred Bookkeeping 100 FR&R Accounting 13,980 Accounting 13,980 Accounting 13,980 Entertainment Expense (Entertainment Expe	SAS Architects						 -						
CCS Solutions Website 209 Seminar Expense 4,50 PVS Service Valuation Services 2,500 Allocation Preferred Bookkeeping 10 FR&R Accounting 13,980 Allocation SIR Management 22 FOTAL (agree to Schedule V, line 19, column 3) TOTAL S (agree to Sch. V,	LTC Solutions		1				 -						
PVS Service Valuation Services 2,500 Allocation Preferred Bookkeeping 10 FR&R Accounting 13,980 Allocation SIR Management 28 See Supplemetal Schedule 28,941 TOTAL (agree to Schedule V, line 19, column 3) TOTAL (See Supplemental Schedule V, line 19, column 3) Allocation Preferred Bookkeeping 10 Allocation SIR Management 28 Entertainment Expense (agree to Sch. V,	ICS Solutions		•							Seminar Ex	pense		4,503
Accounting 13,980 Allocation SIR Management 28 See Supplemetal Schedule 28,941 TOTAL (agree to Schedule V, line 19, column 3) TOTAL \$ Entertainment Expense (agree to Sch. V,			·s									ing	162
See Supplemetal Schedule TOTAL (agree to Schedule V, line 19, column 3) TOTAL \$ Entertainment Expense (agree to Sch. V,													283
TOTAL (agree to Schedule V, line 19, column 3) TOTAL \$ (agree to Sch. V,		recounting			10,700					. Inocucion 61	gement		
TOTAL (agree to Schedule V, line 19, column 3) TOTAL \$ (agree to Sch. V,	See Sunnlemetal Schedule				28 941					Entertainme	ent Evnense		
	TOTAL (agree to Schedule V	line 19. column 3)			20,771	TOTAL		\$		Entertaining		<u>v.</u>	
	,	, ,)	•	170,399	1311111		Ψ=		TOTAL	line 24, col. 8		4,948

* Attach copy of IMRF notifications SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3). (See instructions.)

	(See instructions.)												
	1	2	3	4	5	6	7	8	9	10	11	12	13
		Month & Year						Amount of	Expense Amor	tized Per Year			
	Improvement	Improvement	Total Cost	Useful									
	Type	Was Made		Life	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		s		s	\$	s	s	\$	\$	\$	\$	\$

	S	TATE (OF ILLINOIS				Page 23
	y Name & ID Number Maplewood Care	#	0040428	Report Period Beginning:	01/01/04	Ending:	12/31/04
XX. G	ENERAL INFORMATION:						
(1)	Are nursing employees (RN,LPN,NA) represented by a union?	(13)	the Department of	supplies and services which are of the Public Aid, in addition to the daily r			
(2)	Are there any dues to nursing home associations included on the cost report? If YES, give association name and amount. IL Council on LTC - \$9,373		•	ection of Schedule V? Yes	_		
(3)	Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes	(14)	the patient census is a portion of the	building used for any function other listed on page 2, Section B? N/A building used for rental, a pharmacy, explains how all related costs were al	day care, etc.)	For example If YES, attac	e,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?	(15)	Indicate the cost of on Schedule V. related costs?		ssified to employee meal income to the amount.	been offset ag	
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period? Yes 10 Yrs	(16)	Travel and Transp				
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 2,381 Line 10		If YES, attach a	ncluded for out-of-state travel? complete explanation. eparate contract with the Departmen If YES, please indicate the	t to provide me	edical transpor	rtation for
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.		program during c. What percent of	this reporting period. \$ N/A all travel expense relates to transporage logs been maintained? N/A			
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease. N/A		e. Are all vehicles times when not	stored at the nursing home during th in use? N/A	_		
(9)	Are you presently operating under a sublease agreement? X YES NO		out of the cost re	commuting or other personal use of a eport? N/A	· ·		
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.		Indicate the a	ity transport residents to and fr mount of income earned from p n during this reporting period.	roviding suc	ing: h S <u>N/A</u>	No
		(17)	Firm Name: N		•	The instruct	tions for the
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. This amount is to be recorded on line 42 of Schedule V.		cost report require been attached?	that a copy of this audit be included If no, please explain.	with the cost re	eport. Has thi	s copy
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.		out of Schedule V				
	SEE ACCOUNTANTS' COMPILATION REPORT	(19)	performed been at	re in excess of \$2500, have legal inv tached to this cost report? Yes d a summary of services for all archi		-	ices